

VIRGINIA STATE UNIVERSITY

2013-2014 DIRECT PLUS LOAN APPLICATION

Return To:
 Office of Student Financial Aid
 P.O. Box 9031
 Virginia State University, VA 23806
 Fax: (804) 524-6818
 Phone: (800) 823-7214

Student Information
 Last Name: _____
 First Name: _____
 Social Security Number: _____
 Date of Birth: _____
 Generated ID Number: V _____

Note: Parents of a dependent student may be eligible to borrow a Federal Direct Plus loan. **The application is to be completed by a biological or adoptive parent.** The parent must be a U.S. Citizen or eligible non-Citizen. ****This form must be completed each academic year that you wish to apply for the PLUS loan.****

Parent PLUS Loan Refund Authorization

Federal law requires that any excess Parent PLUS Loan funds to be returned to the parent borrower unless authorized (in writing) by parent borrower to be released to the student.

THIS SECTION TO BE COMPLETED BY THE PARENT BORROWER ONLY: By completing the section below, you are stating your option for the refund on your student's account which resulted from your Parent PLUS Loan disbursement.

Please check the appropriate action:

Refund to Student

Refund to Parent (Borrower)

Please note: Credit Check is valid for 90 days. You may complete this application on or after June 1, 2013.

Parent Information (Please PRINT clearly—provide complete information for one parent only)

1. Loan Amount Requested : Maximum Allowed -Or- \$ _____

2. Relationship to Student: Biological Mother/Father Adoptive Mother/Father
 You must fall under one of the above categories unless you are a step parent and your information was included on the FAFSA

3. Loan Period Requested: Academic Year 2013-14 Fall only Spring only Summer

4. Name of Parent/Borrower: _____
Last First M

5. Parent's Date of Birth: _____ Parent's Social Security # _____

6. Parent's Home Address: _____
Street Address

City State Zip

7. Parent's Telephone Number: Home: _____ Work: _____

8. US Citizenship (check one) a. Citizen/National b. Eligible Non Citizen _____

BORROWER STATEMENT AND SIGNATURE

I agree to apply for the Federal Direct PLUS loan. I authorize the Secretary of the U.S. Department of Education to investigate my credit record and report information concerning my credit to the proper persons and organizations. My signature certifies that I have read, understood and agree to the authorization stated on this form.

 Parent's Signature Date

FOR SCHOOL USE ONLY

Approved Conditionally Date: _____
 Denied
 Pending Review FA Representative: _____