



Request for Federal PLUS Loan

Submit to: College of St. Joseph Financial Aid Office
71 Clement Rd, Rutland, VT 05701
Fax:802-776-5275 Scan/email: studentaid@csj.edu.

To be completed by the parent borrower

Instructions:

1. Complete all information requested on this form.
2. First-time borrowers must complete the Direct PLUS Master Promissory Note (MPN) at www.studentloans.gov.

Student Name: _____ Last four digits of SSN: xxx-xx-

Parent Borrower Information

Parent Name: (Last) (First) (MI)			Social Security #	Date of Birth
Address				
(Street)		(City)	(St)	(Zip)
Parent email:			Phone #	
Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-parent				
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you an eligible non-citizen? <input type="checkbox"/> attach documentation If no and you are not an eligible non-citizen...STOP here you are not eligible to apply.				
Do you owe on a refund on a federal student grant or are you in default on a federal education loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, STOP here you are not eligible to apply.				
If your credit is denied (check ONLY one): <input type="checkbox"/> I will appeal the credit decision or pursue an endorser (cosigner) through the Department of Education <input type="checkbox"/> I will NOT appeal the credit decision-offer additional Federal Direct Unsubsidized Loan to my student				
Agree or Disagree (Circle answer in next column) I authorize the College of St. Joseph to use any Federal Direct PLUS Loan credit balance to pay any current institutional charges that my student incurs other than tuition, fees, CSJ's housing and meal plan such as book charges, library fines, etc.			Agree	Disagree
Agree or Disagree (Circle answer in next column) I authorize any Federal Direct PLUS Loan credit balance to pay any minor outstanding College of St. Joseph charges from prior years, not to exceed \$200 after all current year institutional charges are paid.			Agree	Disagree
Agree or Disagree (Circle answer in next column) I authorize the College of St. Joseph to retain any excess Federal Direct PLUS Loan funds on my student's account to pay for charges incurred in the academic year in which the credit balance occurred. Funds may be held on account up to the end of the loan period.			Agree	Disagree
Agree or Disagree (Circle answer in next column) I authorize the College of St. Joseph to release any refund generated by my Federal Direct PLUS Loan directly to my student listed above. I understand that I may rescind this authorization, in writing, at any time.			Agree	Disagree

Request Loan Amount

(whole amount only)

Fall \$ _____ .00

Spring \$ _____ .00

Please Note:
There is a net origination fee charged when processing the loan which will reduce the amount of loan that will disburse onto the student account. You may want to account for this in your requested loan amount. Current rate is 4.288% for loan first disbursed before 10/1/14 and 4.292% for loans after 10/1/14 and before 10/1/15.

Consent and Certification

By signing below I consent to allow the U.S. Department of Education and its agents to obtain a credit report to determine eligibility for the Direct PLUS Loan. I, certify that all of the information provided on this form is complete and correct. I understand that I have the right to change or rescind these authorizations by notifying the college Financial Aid Office in writing. I will use all Title IV assistance received for educational expenses related to my student's enrollment at CSJ.

Parent Signature _____ Date _____

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is 45I et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1004, Federal Register Vol 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register Vol 59 p. 65532). Thus this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining where particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request. Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loans(s) so that data may be recorded accurately.

Office Use Only Rec _____ Scanned _____ Verified _____ Revised 6/26/14