## Baptist Health College Little Rock Federal PLUS Loan Request

Federal PLUS Loan Request 2015-2016 Academic Year

Student Name		_
Student Id	Date of Birth	
FEDERAL PLUS LO	DAN APPLICATION FORM FOR PARENTS OF	DEPENDENT STUDENTS
PARENT: To apply for a Federa must:	I Parent Loan for Undergraduate Students (PLUS	) for your dependent student, you
2. Complete a PLUS Master Pr	<u>v</u> & complete PLUS Request Process omissory Note (MPN) at <u>www.studentloans.gov</u> . equest Form & return it to the Baptist Health Schoor equest Form & return it to the Baptist Health	ools Little Rock Financial Aid Office
PARENT: PLEASE COMPLETE	THIS SECTION (DO NOT LEAVE ANY ITEM B	LANK)
REQUESTED LOAN AMOUNT PER SEMESTER: FALL 2015 \$		SPRING 2016 \$
	ne):  Mother  Stepmother  Father  Date of Birth	
	First	
Driver's License: State Abbrevia	ation Number	
Email Address:		
Address: Street		
City	State	Zip
Parent, are you a U.S. citizen, national, or eligible non-citizen?	Parent, are you currently in default on a federal education loan or do you owe a refund on a federal student grant?	Parent, have you had any federal loans discharged in disability?
□YES □ NO		□YES □ NO
I understand that BHCLR will ap mail directly to the parent(s) at the	ply Federal PLUS funds to my student's charges. he above address.	Any excess loan proceeds will be
Parent Signature		Date

## Return completed form to the Financial Aid Office.

*Note:* Parent Borrowers must complete a Master Promissory Note (MPN) online at <u>www.studentloans.gov</u> before the PLUS Loan can be certified by the school. Loan funds are sent to Baptist Health Schools Little Rock. The student must be enrolled in at least six (6) hours per semester.