

**FEDERAL PLUS LOAN REQUEST FORM**  
**(To be completed by PARENT Borrower of SCHS student)**

Student's ID# \_\_\_\_\_

Printed Student's Name: \_\_\_\_\_ Student DOB \_\_\_\_\_

Your Parent PLUS Loan will not be processed until the PLUS Master Promissory Note (MPN) is complete. Please complete the MPN online at <https://studentaid.gov/mpn/> within 60 days of the start of the semester to prevent the application from expiring prior to processing.

Name of Parent Borrower: \_\_\_\_\_ Parent SSN \_\_\_\_\_

Address \_\_\_\_\_ Parent Phone Number: (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Parent Date of Birth: \_\_\_\_\_

Parent Citizenship Status:

\_\_\_\_\_ A. Citizen/National

\_\_\_\_\_ B. Permanent Resident/Other Eligible Noncitizen, if "b", Alien Registration No. \_\_\_\_\_

**Please complete ALL of the information below**

Indicate which semester this loan will be used for (check one):

Fall/Spring/Summer

Fall and Spring

Fall only

Spring only

Summer Only

**Total PLUS Loan Amount Requested\* \$ \_\_\_\_\_ (this line must be completed for the loan to be processed. For multiple semester loans this amount will be split evenly between each semester.)**

\*The PLUS Loan Amount Requested will be reduced by the origination fee taken out by the federal government, the current fee is 4.228%. To calculate: *Requested loan amount - 4.228% = Disbursed loan amount.*

I accept the parent PLUS loan. I authorize the Financial Aid Office to certify my Federal PLUS Loan for the amount I have listed above. Only I have the option to increase the loan if I choose by sending a request in writing to [bsr-confinancial@bshsi.org](mailto:bsr-confinancial@bshsi.org).

*I understand that if my credit is denied for the PLUS loan that my student will be certified to receive up to an additional \$4,000 if Freshmen/Sophomore or \$5,000 if Junior/Senior in Unsubsidized direct loan funds for the year.*

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Title IV Credit Balance Authorization

The Higher Education Act of 1965, as amended ("Federal Regulations"), requires that Title IV funds are to be used to pay for authorized charges in the form of tuition and fees as assessed by Southside College of Health Sciences ("SCHS"). Title IV funds include: Federal Pell Grants, Federal Supplemental Educational Opportunity Grants ("FSEOG"), Federal Direct Subsidized Loans, Federal Direct Unsubsidized Loans and Federal Direct Parent PLUS Loans.

As required by Federal Regulations, Title IV credit balances as a result of Federal Direct Parent PLUS Loans will be disbursed to the parent, if the parent is the borrower, within 14 days (unless otherwise noted below).

Federal Regulations governing how Title IV funds are processed (34 CFR 668.165(b)) allows for parents to voluntarily authorize SCHS to administer Title IV credit balances in two ways. Parents who have borrowed under the Federal Direct Parent PLUS Loan program on the student's behalf can authorize SCHS to retain a Title IV credit balance on the behalf of the student to be applied to future semesters within the current academic year and/or disburse any applicable Title IV credit balance to the student. Any such authorization or revocation of an authorization takes effect as of the date indicated on this form.

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Please choose one of the following authorizations:

Authorize	Cancel Authorization	<u>Title IV Credit Balance Authorization</u>  I authorize SCHS to retain a Title IV credit balance resulting from a Federal Direct Parent PLUS Loan on my child's (student) behalf to be applied to a future semester within the current academic year.  I authorize SCHS to disburse a Title IV credit balance resulting from a Federal Direct Parent PLUS Loan directly to my child (student).
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I understand that this authorization is voluntary and I may revoke this authorization by submitting a subsequent form cancelling this authorization.

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Parent Signature

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Date

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