**Office of Financial Aid**

**Division of Enrollment and Access**

Centennial Hall

1065 Campus Delivery

Fort Collins, Colorado 80523-1065

(970) 491-6321 (970) 491-5010 FAX

financialaid.colostate.edu

2018-2019

Application for Federal Direct Parent PLUS Loan

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| Student Information |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSUID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please Read First |

* Information on the Parent PLUS Loan is available on our Website at [financialaid.colostate.edu/studentloans/](https://financialaid.colostate.edu/studentloans/)
* To accept this loan, you can submit your application online at [sfs.colostate.edu/ePLUS](http://sfs.colostate.edu/eplus)/
* If you prefer to use paper, **1) Complete**, **2) Sign**, and **3) Mail or Fax** this application to Student Financial Services. If you submit and sign your application online, you do not need to complete this form.
* This loan requires a credit check. If your credit check is approved, you can complete your electronic Master Promissory Note at [studentloans.gov](http://dlenote.ed.gov/), if necessary.

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| Amount to Borrow |

In the space below, indicate the amount you wish to borrow. Please borrow equally across semesters.

 Fall Spring Total

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

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| Parent Borrower Information |

Only ONE parent may apply for the Parent PLUS Loan and that parent must complete the following information. Please type or print clearly in blue or black ink. **Incomplete forms will not be processed**.

1. Relationship to Student: Natural/Adoptive Father ❑ Stepfather ❑

 Natural/Adoptive Mother ❑ Stepmother ❑

1. Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name (Last, First, MI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Phone Number – Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Phone Number – Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. U.S. Citizen: Yes ❑ No ❑ If no, Alien Registration Number: \_A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_)

 State

1. Parent E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you currently in default on a federal education loan or owe a refund on a federal student grant?

 Yes ❑ (If Yes you are not eligible to borrow a Parent PLUS Loan)

 No ❑

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| Understanding, Certification and Consent |

* If it is determined that you have an adverse credit history, Direct Loans will send you information on obtaining an endorser. If you are unable to obtain an endorser, your student may be eligible for an additional Federal Direct Unsubsidized Student Loan in their name. Contact Student Financial Services for more information.
* If there is a credit balance in your student’s University billing account after the institutional charges have been paid, this credit balance will be refunded to your student in their name, if you consent to this.
* The credit balance created from the PLUS loan after all charges have been paid may be issued directly to you as the borrower. To arrange for the refund of the credit balance to you as the borrower, you must call a Student Financial Services representative. This is necessary to complete the disbursement process, which will be initiated **after the first day of classes and may take up to an additional 14 days.** Additional documents may be required.

I Understand:

* My student must meet all financial aid eligibility requirements for me to receive a Parent PLUS Loan.
* That I must request processing of my Parent PLUS Loan within the deadlines stated in the Parent PLUS Loan Information publication. Failure to do so may result in my ineligibility for a Parent PLUS Loan.

I Certify:

* That I will use any Parent PLUS Loan money received for expenses related to my student’s attendance at Colorado State University.
* That I have read and understand the Parent PLUS Loan information publication from Student Financial Services regarding the receipt of financial aid funds.

I Consent:

* To the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct Parent PLUS loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.
* To allow Colorado State University to apply funds against non-intuitional charges, such as book charges, and prior-year year charges.
* To allow Colorado State University to refund any credit balance from my Parent PLUS Loan directly to my student in their name.

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Parent Borrower Signature (***You must sign in ink; no one else can sign for you***) 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 §451 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, 1994, 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 whether 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 loan(s) so that data may be recorded accurately.