HELENA COLLEGE
University of Montana

2016-2017
Parent PLUS Loan Request Form

***** A Parent must also complete the Parent PLUS Loan Application and Master Promissory Note at: www.studentloans.gov prior to consideration. *****

This form will be returned if any item is incomplete or not legible.

I. Student Information

Student Name_____

(last) (first) (middle initial)

Student Identification Number_____

Student Social Security Number _____ - _____ - _____

Loan Amount Requested $_____ (if left blank, the maximum amount of loan will be processed)

A Parent may apply for a PLUS loan up to the cost of attendance minus all other financial aid. If the PLUS is for one semester only, the amount that a parent may borrow is based on the cost of attendance for that semester minus the financial aid for that semester.

II. Parent Section

Parent Social Security Number _____ - _____ - _____

Parent Name_____

(last) (first) (middle initial)

Street Address _____ City_____

State _____Zip Code _____Parent Birthdate (mm/dd/yyyy) _____/_____/_____

Home Telephone _____ - _____ - _____ U.S. Citizen: Yes _____ No _____

Email Address _____

III. Refund Authorization

_____ I Authorize the Student Accounts Receivable Office to issue any refund generated from the disbursement of the Federal Parent PLUS Loan to the student beneficiary.

IV. Parent Signature

I certify that I am the parent/step-parent of the student on this application and that all information provided on this form is accurate. I understand that the information I provide on this application will be transmitted to the Department of Education, and my credit history will be reviewed to determine my eligibility for the PLUS loan.

Parent Signature _____Date_____

V. Authorization to Increase Unsubsidized Loans

In the event that the parent is denied the Federal Direct Parent Plus Loan, the student may be eligible for an additional Stafford Unsubsidized Loan. I acknowledge that by signing this form, I am authorizing the request for additional unsubsidized loans to the fullest value possible, but will not exceed the expected cost of attendance.

Student Signature_____Date_____

Return to: Helena College Financial Aid Office
1115 North Roberts; Helena, MT 59601 – Fax: (406) 447-6397

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