

\*\*\* A Parent must also complete the Parent PLUS Loan Application and Master Promissory Note at:  
<https://studentaid.gov/app/launchPLUS.action> 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 Email: [financialaid@helenacollege.edu](mailto:financialaid@helenacollege.edu)