

2008-2009
REQUEST FOR FEDERAL PLUS LOAN
(PARENT LOAN FOR UNDERGRADUATE STUDENTS)

Complete and mail or fax this form to: **UAM Financial Aid Office, P. O. Box 3470, Monticello, AR 71656 • Fax #: (870) 460-1450**

BORROWER (PARENT) INFORMATION:

1. Parent Borrower's Last Name:	First Name:	MI:	2. Parent's Social Security Number:	
3. Permanent Street Address:			4. Telephone Numbers (Home and Daytime):	
City:	State:	Zip:	5. Parent's Date of Birth (MM/DD/Birth Year):	
6. Lender Name:	City:	State:	Zip:	7. Lender Code, if known:
8. Parent's Requested Loan Amount*: \$ _____ .00 *To be disbursed in 2 equal parts during loan period.		9. Student's Loan Period (Mark ONE loan period preference): <small>NOTE: A separate request form is required for each loan period. To be considered for this loan, student must be enrolled at least half-time and eligible to receive aid.</small> <input type="checkbox"/> Fall 2008 & Spring 2009 <input type="checkbox"/> Summer I & II 2009 <input type="checkbox"/> Fall 2008 ONLY <input type="checkbox"/> Summer I 2009 ONLY <input type="checkbox"/> Spring 2009 ONLY <input type="checkbox"/> Summer II 2009 ONLY		

STUDENT INFORMATION:

10. Student's Last Name:	First Name:	MI:	11. Student's Social Security Number:	
12. Enrollment Status (Mark one): <input type="checkbox"/> Full-time <input type="checkbox"/> At Least Half-time		13. Anticipated Graduation Date: (Circle the month & enter year.) May YEAR: August <u> 20 </u> December		14. Student's Date of Birth (MM/DD/Birth Year):
For lender information visit: http://www.uamont.edu/FinancialAid/finaid/lenderlist.htm				
15. Please indicate the manner in which you would like loan funds disbursed: <input type="checkbox"/> Apply the loan to the student's account and send any remaining PLUS Loan funds, if any, to the Parent Borrower address. <input type="checkbox"/> Apply the loan to the student's account and give any remaining PLUS Loan funds, if any, to the student.				

BORROWER CERTIFICATION:

I am (a) the student's biological or adoptive parent; or (b) the spouse of a biological or adoptive parent of the student and my income and assets were reported on the Free Application for Federal Student Aid (FAFSA). By signing this form, I am requesting and/or authorizing the UAM Financial Aid Office to process a Federal PLUS Loan on my behalf. I understand that this is a loan and must be repaid. I understand that if I purposely give false or misleading information I may be fined, sentenced to jail, or both.

16. Parent Borrower's Signature:	Date:
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OFFICE USE ONLY:

<input type="checkbox"/> Certified via ASN: _____ <input type="checkbox"/> Certified Manually: _____ <input type="checkbox"/> Faxed: _____ <input type="checkbox"/> Mailed: _____ <input type="checkbox"/> PLUS MPN on file: _____ <input type="checkbox"/> Approved: _____ <input type="checkbox"/> Denied: _____	NOTES:
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