

**2009-2010  
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): <b>NOTE:</b> 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. <input type="checkbox"/> Fall 2009 & Spring 2010 <input type="checkbox"/> Summer I & II 2010 <input type="checkbox"/> Fall 2009 ONLY <input type="checkbox"/> Summer I 2010 ONLY <input type="checkbox"/> Spring 2010 ONLY <input type="checkbox"/> Summer II 2010 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: <a href="http://www.uamont.edu/FinancialAid/finaid/lenderlist.htm">http://www.uamont.edu/FinancialAid/finaid/lenderlist.htm</a>
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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