



Financial Aid

Financial Aid Office

5150 N. Maple Avenue, M/S JA 64

Fresno, CA 93740-8026

Phone: (559) 278-2182 Fax: (559) 278-4833

www.fresnostate.edu/studentaffairs/financialaid/

Federal Direct Parent PLUS Loan Request Form

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

Fresno State participates in the William Ford Direct Student Loan Program. You **must have a current year FAFSA on file and all required documents submitted.** To request a Federal Direct Parent PLUS Loan for Dependent Undergraduate Students (PLUS), complete the information below in its entirety. Return this form after completing your **(1) Credit Application** and **(2) Master Promissory Note** on-line with the Department of Education to the Financial Aid Office. Credit approvals are only good for 90 days so please apply after June 1st.

OFFICE USE ONLY

Parent ID _____

Parent Information

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Parent SSN# _____ Phone _____

E-Mail _____ Driver's License # _____ State _____

U.S. Citizen Eligible Non-Citizen Alien Registration# _____

Address _____

City _____ State _____ Zip _____

I Request a Federal Direct Parent PLUS loan in the amount of: \$ _____

Please initial the following boxes after you have read the statement and sign below:

I understand that this Federal Direct Parent PLUS loan is to be used for educational expenses while my dependent student is attending Fresno State, and I will use the proceeds from this loan accordingly.

I understand that this is a loan that must be repaid with interest.

I understand that I must: 1) Submit a PLUS loan Application on-line with the Department of Education
 2) Obtain credit approval from the Department of Education
 3) Complete & sign a Federal Direct Parent PLUS Master Promissory Note (MPN)

ALL THREE ITEMS NEED TO BE COMPLETED ONLINE PRIOR TO SUBMITTING THIS FORM.

I authorize funds to be sent to Fresno State via Electronic Funds Transfer. I also authorize those funds to be applied to my dependent student's Fresno State account to pay any and all charges on said account. Any funds remaining after charges are paid will be refunded to me.

If my credit approval expires before the loan can be processed I authorize Fresno State to request an additional credit check from the Department of Education.

Parent Signature _____

Date _____

**INCOMPLETE FORMS WILL BE RETURNED, WHICH WILL DELAY YOUR PROCESSING.
 BEFORE SUBMITTING TO THE FINANCIAL AID OFFICE, PLEASE MAKE COPIES FOR YOUR RECORDS.**