



Federal Parent PLUS Loan Information Sheet

Student Name: _____

SSN: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Parent Borrower Information (ONE Parent Only)

Parent Borrower Name: _____

SSN: _____ Phone: _____

Loan Period: (Select only one)

____ Fall and Spring

____ Fall Only

____ Spring Only

____ Summer Only

Requested Loan Amount*

*If you request more than the maximum eligibility, the loan will be certified for the maximum amount only. You may indicate "maximum" under the requested loan amount and we will process the loan for your maximum eligibility.

If the Parent PLUS Loan creates a credit on the Student Account, please:

____ Give refund to student ____ Mail refund to parent borrower ____ Return surplus to lender

Parent Signature: _____ Date: _____

By submitting this data sheet you are authorizing York College to certify a Direct Parent PLUS loan for the requested loan amount.

Please return this completed from to:

York College
Financial Aid Office
1125 E. 8th Street
York, NE 68467