

The College of Saint Rose

PARENT LOAN FOR UNDERGRADUATE STUDENTS (PLUS) APPLICATION

INSTRUCTIONS FOR APPLYING FOR A 2016—2017 PARENT PLUS LOAN

- 1) Parent and Student must complete FAFSA at www.fafsa.gov
- 2) Parent must complete a **PLUS Loan credit check** and the **PLUS Master Promissory Note (MPN)** at www.studentloans.gov
 - Go to www.studentloans.gov and sign in using the parent borrower's FSA ID (from fsaid.ed.gov)
 - Click the "Apply for a PLUS Loan" link on the left side of the screen under the "PLUS Loan Process" heading
 - Select "Parent PLUS" for your loan type and complete the credit check steps
 - If approved, click on "Complete MPN" link on the left side of the screen and choose the "Parent PLUS option" and complete the necessary steps
- 3) **Complete this form and return it to:**
The College of Saint Rose, Attn: Office of Financial Aid, 432 Western Avenue, Albany, NY, 12203
or fax: (518) 454-2109, or scan/email: finaid@strose.edu

PLEASE NOTE:

- The PLUS Loan interest rate is fixed at 6.84%, with a 4.272% origination fee
- Generally, repayment of a PLUS Loan begins 60 days after the final loan disbursement for the academic year
- For information about consolidating your PLUS Loans, please visit www.loanconsolidation.ed.gov

STUDENT INFORMATION

Student Name: _____ Student ID#: _____

PARENT INFORMATION

Parent Name (one parent only): _____

Parent Date of Birth: _____ Parent SSN: _____

Parent Street Address: _____

Parent City: _____ State: _____ Zip: _____

Parent Phone #: _____ Parent E-mail: _____

Parent Citizenship Status (Please Choose One): ☐ U.S. Citizen ☐ Eligible Non-Citizen

If Eligible Non-Citizen, Alien Registration #: _____

Parent Relationship to Student (Please Choose One): ☐ Biological Parent ☐ Adoptive Parent ☐ Eligible Stepparent

LOAN INFORMATION

Total PLUS Loan Amount Requested: _____ (*Whole dollars only, do not write "Maximum"*)

The U.S. Department of Education will deduct 4.272% from the loan for an origination fee

☐ Check here if you are requesting an **ADDITIONAL** parent PLUS loan amount.
Indicate the additional amount above.

Loan Period (Semester(s) in which requested amount is intended):

☐ Summer 2016 ☐ Full Year (Fall 2016 and Spring 2017) ☐ Fall 2016 Only ☐ Spring 2017 Only

PARENT BORROWER AUTHORIZATION

By signing below you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your school if in default on a federal student loan, and (5) agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. or state income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this form with the Internal Revenue Service and other federal agencies.

Parent Signature: _____ **Date:** _____