

STUDENT INFORMATION

Name: _____ Student ID Number: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____

PARENT INFORMATION

Name: _____ SSN: _____

To apply for a PLUS loan, the borrower must be a natural parent, adoptive parent, or a stepparent (if stepparent's income and assets are considered on the FAFSA) of a dependent student.

The PLUS Application must be completed by parents of dependent Edison State Community College students at studentaid.gov. You, the parent, will need your U.S. Department of Education FSA ID to login and complete the PLUS Loan application.

PARENT- COMPLETE THE FOLLOWING

I, the parent, have completed tasks one through three, if applicable, online:

1. **The PLUS loan application online** at: studentaid.gov
2. **A PLUS Master Promissory Note** at: studentaid.gov
3. **A PLUS Loan Counseling** at: studentaid.gov (Required for applicants who are determined to have an adverse credit history but who qualify for a Direct PLUS Loan by documenting extenuating circumstances or obtaining an endorser.)
4. **Amount Requested for PLUS Loan:** \$ _____ (divided equally for terms indicated below.)

STUDENT- COMPLETE THE FOLLOWING

I, the student, plan to be enrolled in: (select one option for ALL of the terms for which you wish to borrow)

Summer 2023

- 6-8 credit hours
- 9-11 credit hours
- 12 or more credit hours

Fall 2023

- 6-8 credit hours
- 9-11 credit hours
- 12 or more credit hours

Spring 2024

- 6-8 credit hours
- 9-11 credit hours
- 12 or more credit hours

STUDENT CERTIFICATION

I certify that I have read the Student Financial Aid Office Policies & Procedures handbook and understand my responsibilities as a financial aid applicant/recipient. I understand and will abide by the requirements and regulations of each financial aid program and of the Edison Office of Financial Aid. I authorize my son/daughter to use the loan funds for on-campus charges that he/she has incurred at Edison. I further understand that if a credit balance results from the PLUS loan, I authorize my son/daughter to receive the refund. Additionally, I authorize Edison State Community College to store my personal information that is required to be retained in order to process this loan application.

Parent Borrower Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

SAP	Y	N	Dependency Status	I	D	Student Citizenship	Y	N
Default	Y	N	Grade Level	FR	SOPH	Parent Citizenship	Y	N