



# 2018-2019 Federal Direct Parent PLUS Loan Request



**This form cannot be faxed.**  
 Email scanned copy to: [financialaid@labette.edu](mailto:financialaid@labette.edu)  
 or  
 Return this form to the address below.  
 Labette Community College  
 Financial Aid  
 200 South 14<sup>th</sup> · Parsons, KS 67357

### Parent PLUS Loan requirements are as follows:

- You must be the parent/step-parent of the student whose information is reported on the FAFSA. (Guardians & Grandparents cannot apply)
- File the Application for Federal Student Aid (FAFSA) with the Department of Education.
- Complete all sections of this request and return it to the Office of Student Financial Aid.
- Sign the electronic Parent PLUS Master Promissory Note (eMPN) at the Department of Education's website at [studentloans.gov](http://studentloans.gov). You must have your FSA ID to sign the Parent PLUS eMPN. This is the same FSA ID used to sign your student's FAFSA. The signature process is complete once you can view the screen that indicates SUCCESS! Now Print your MPN.

This information will be returned if any item is incomplete or not legible

### I. Student Information

Student Name:

\_\_\_\_\_

(Last) (First) (Middle Initial) (Student ID)

LOAN PERIOD (Check One) Fall & Spring \_\_\_\_\_ Fall Only \_\_\_\_\_ Spring Only \_\_\_\_\_ Summer \_\_\_\_\_

Parents PLUS Loan amount request \$ \_\_\_\_\_

### II. Parent Section

Parent Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Name:

\_\_\_\_\_

(Last) (First) (Middle Initial)

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

### III. Refund Authorization

By signing below, I authorize the Student Accounts Receivable Office to apply my Parent PLUS Loan funds to my student's account to be applied to any charges on my student's account.

### IV. Parent Signature

I certify that I am the parent/step-parent of the student on this application and that all information provided on this form is accurate. I consent to the U. S. Department of Education and its agents obtaining a report of my credit record and signing the information from that report in determining whether to make a Direct PLUS loan to me.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_