

2006-2007
PARENT
PLUS Loan Request



Office of Financial Aid
600 Lincoln Avenue
Charleston, IL 61920
Phone 217/581-3711 Fax 217/581-6422

STUDENT LAST NAME (PLEASE PRINT) FIRST NAME MI STUDENT SOCIAL SECURITY NUMBER

Federal Direct Parent Loan for Undergraduate Students (PLUS) Request Form 2006-2007

The PLUS is available to the parents of dependent undergraduate students. A parent may borrow up to the total of the Estimated Cost of Attendance minus all financial aid and other resources, including Veterans Benefits, received by the student.

The Federal Direct PLUS utilizes a Master Promissory Note (MPN). The MPN allows a parent to complete a note that, in most cases, is active for all subsequent PLUS for up to 10 years. Although the parent should not have to sign a new note for each new loan, the parent still needs to request the specific dollar amount to be borrowed and must authorize a credit check. A separate MPN is needed for each student, regardless if the same parent is taking out the loans for each student.

To apply for a Federal Direct PLUS, the parent borrower must complete and sign the form below. If the parent borrower does not have an active MPN on file, he/she may complete one online at <http://dlenote.ed.gov>. *NOTE: The parent completing the PLUS Request form MUST be the same parent that signs and completes the MPN.*

I do not wish to sign an electronic Master Promissory Note. Please send me a paper copy.

Instructions: Parent Borrower must complete **ALL** sections below; print clearly in BLUE or BLACK ink; read and SIGN the Authorizing Statements.

PARENT BORROWER INFORMATION

▷ REQUESTED LOAN AMOUNT: Fall \$ _____ Spring \$ _____ Total \$ _____

▷ RELATIONSHIP TO STUDENT: (check one) Mother Father Stepmother Stepfather

PARENT SOCIAL SECURITY NUMBER* _____ (XXX-XX-XXXX)

* The Higher Education Act of 1965 requires applicants for Federally supported financial aid funds to provide their Social Security Numbers (SSN). As a PLUS applicant, the parent borrower must provide his/her SSN. The Social Security Number is used to report information to Federal and state agencies. Eastern Illinois University has a strong commitment to ensuring the privacy and confidentiality of student and family information. Social Security Numbers will not be disclosed without the individual's consent, except as required by the financial aid program and as allowed by law.

PARENT LAST NAME (please print) FIRST NAME MI

STREET ADDRESS CITY STATE ZIP CODE

DATE OF BIRTH HOME TELEPHONE (_____)

▷ PARENT CITIZENSHIP: (check one)
U. S. Citizen Permanent Resident / Eligible Non-Citizen (Alien Registration Number) A: _____

PARENT DRIVERS LICENSE NUMBER STATE OF ISSUANCE

AUTHORIZATION

By signing this form, I authorize Eastern Illinois University to send the above information to the Direct Loan Processing Center to conduct a credit check. If the credit check is approved, and an active MPN is on file, the loan funds will be credited to my student's University Account. **Please check one:** I GIVE or I DO NOT GIVE permission for the Direct PLUS Loan to be applied to all tuition, fees and other charges. If I give permission, I understand that all charges the student incurs will be deducted by the Student Accounts Office from my Direct PLUS Loan before a refund is issued. If I do not give my permission to deduct all charges incurred, I understand that the Student Accounts Office will deduct only the student's tuition, fees, and university housing from my Direct PLUS Loan before a refund is issued.

If any loan funds remain on the University student account AFTER all charges have been paid, I authorize the refund to be sent to the student. If you do not authorize the refund to the student, please check here . PLUS loan funds are applied to the University Charges prior to any student aid and any PLUS loan funds remaining after that point will be refunded to the parent. Any excess funds remaining after student aid is applied will be refunded to the student.

(Note: Refund sent to parent requires an additional 10-14 days processing)

Parent Signature: _____ Date: _____

DEADLINES: This form **MUST** be completed and received by the Office of Financial Aid no later than the following dates:
For FALL 2006 only (August 21-December 15): **December 8, 2006**
for SPRING 2007 only (January 8-May 4) OR Fall 2006 AND Spring 2007: **April 27, 2007**

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE OFFICE OF FINANCIAL AID, OR FAX TO (217) 581-6422