

**2009-2010**  
**FEDERAL DIRECT PLUS LOAN DATA FORM**  
**(PARENT LOAN FOR UNDERGRADUATE STUDENTS)**

You have until **December 11, 2009** to submit the PLUS Loan Request Form for a FALL 2009 only PLUS Loan. For a SPRING 2009 only PLUS Loan or for a FALL and SPRING PLUS Loan, you have until **April 30, 2010** to submit a PLUS Loan Request Form.

**Please complete the following information (type or print all information except signatures)**

**STUDENTS:** Should complete items 1-6 on this data form and section C on the enclosed Federal Direct PLUS Loan Application and Promissory note.

**PARENTS:** Should complete items 7-13 on this data form. The completed Application should be mailed to: Eastern Illinois University, Financial Aid Office, 600 Lincoln Ave., Charleston, IL 61920, or faxed to 217-581-6422. If you have any questions, please call 217-581-3711.

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

**LOAN AMOUNT REQUESTED:** Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_ **(You must list an amount)**

**STUDENT INFORMATION**

1. Student's Name \_\_\_\_\_ SSN \_\_\_\_\_

Birth Date \_\_\_\_\_

Local Address \_\_\_\_\_ Local Phone \_\_\_\_\_

(If exact address is not known, indicate on or off campus)

If living off campus, will you be living with either parent? Yes \_\_\_\_\_ No \_\_\_\_\_

**STUDENT STATUS**

	YES	NO		YES	NO
a. Were you born before 01/01/86:	_____	_____	d. Are you married:	_____	_____
b. Are you a veteran:	_____	_____	e. Are you an orphan or ward of the court or anytime since you turned 13, were you in foster care	_____	_____
c. Are you a graduate student?	_____	_____	f. Do you have children?	_____	_____
g. Do you have legal dependents?	_____	_____	h. Are you an emancipated minor?	_____	_____
i. Do you have a legal guardian?	_____	_____	j. Are you homeless?	_____	_____

2. **Check each term(s)** to be covered by this application and the number of hours you will be enrolled for each term:

Fall 2009 On Campus	_____	Hours _____	Fall 2009 Off Campus Through Continuing Education	_____	Hours _____
Spring 2010 On Campus	_____	Hours _____	Spring 2010 Off Campus Through Continuing Education	_____	Hours _____

The hours enrolled must match the hours your financial aid is based upon before your financial aid can disburse. Contact the financial aid office if you have any questions.

3. Check your academic classification for the period of this loan application:

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate \_\_\_\_\_ 6<sup>th</sup> year \_\_\_\_\_  
(0-29 hrs.) (30-59 hrs.) (60-89 hrs.) (90+ hrs.) (0-36 hrs.) (37+ hrs.)

4. (A) Have you ever attended any other college/university? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
(B) If yes, list the college(s) below with dates of attendance:

Name of college with its complete address:	Dates Attended:
_____	_____
_____	_____
_____	_____

5. Give date of expected graduation: Bachelor's Degree \_\_\_\_\_ (month/year)  
Master's Degree \_\_\_\_\_ (month/year)

6. Statement of Educational Purpose and Registration compliance:

I certify that I will use any money I receive under Title IV Student Financial Aid Programs (Federal PLUS Program) only for expenses related to attendance at Eastern Illinois University.

A. \_\_\_\_\_ I certify that I am not required to be registered with Selective Service because: (Check One)

\_\_\_\_\_ I am female

\_\_\_\_\_ I am in the armed services on active duty. (Members of the Reserves and National Guard are not considered on active duty.)

\_\_\_\_\_ I have not reached my 18<sup>th</sup> birthday. Date of Birth: \_\_\_\_\_

\_\_\_\_\_ I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.

B. \_\_\_\_\_ I certify that I am registered with Selective Service.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT INFORMATION**

7. Parent's Name \_\_\_\_\_ SSN \_\_\_\_\_

Parent's Date of Birth \_\_\_\_\_

Parent's Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home or Cell Telephone No. \_\_\_\_\_

Driver's License State and No. \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Relationship to student \_\_\_\_\_

8. U.S. Citizenship Status (check one)

(1)  U.S. Citizen or National

(2)  Permanent Resident/Other Eligible Non-Citizen

If (2), Alien Registration No. \_\_\_\_\_

9. Employer's Name/Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's Telephone No. \_\_\_\_\_

10. If it is determined that you have an adverse credit history, will you try to obtain an endorser?  
(Yes or No) \_\_\_\_\_

11. Parent Default/Owe Refund Statement:

I certify that I will use any money I received under any Title IV programs only for expenses related to the student's attendance at Eastern Illinois University. I do hereby certify that, at the present time, I am not in default or owe a refund to any Title IV loan program made for attendance at any institution.

\*\*If you are in default or owe a refund to a federal Title IV loan program, you will not be able to sign this section.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

12. Credit to University Charges Statement:

**I GIVE or I DO NOT GIVE (you must circle your choice)**

Eastern Illinois University permission to apply my Direct PLUS loan for all my student's charges incurred at Eastern Illinois University, including pharmacy fees, parking tickets, etc.

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.

**PLEASE NOTE:** You may reverse your choice at any time by contacting the Office of Financial Aid.

**Parent Borrower (print name):** \_\_\_\_\_ **Parent SSN:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

13. **The Federal Direct PLUS loan is applied first to your student's account before your student's other financial aid is applied (if any), as well as any additional payments made. If a refund check is generated as a result of the PLUS loan disbursements, and you requested that the check be mailed to you, it will be sent by our Student Accounts Office within 10 days. If your student's other financial aid resulted in a refund check, it will be mailed to your student within 10 days.**

As a Federal Direct PLUS loan borrower, you have the right to cancel all or a portion of this loan. To do so, you must notify the Loan area in the Office of Financial Aid within 14 days of when you receive a notification of disbursement. The reduction or cancellation notice must be submitted in writing, signed, and show the name and social security number of the student. EIU will notify the Federal Direct Loan Servicing Center of disbursement within 30 days. Once they have received notification, they will contact you regarding repayment terms and options.

Generally, repayment must begin within 60 days after the final PLUS loan disbursement for the period of enrollment for which you borrowed. Please feel free to contact our Loan office at 217-581-3711 if you have any questions regarding this letter or the Federal Direct Servicing Center at 1-800-848-0979 if you have questions regarding repayment

I hereby authorize Eastern Illinois University to disburse directly to the student any excess funds that may occur from the Direct PLUS loan. **If you do not sign**, any excess funds will be mailed to the parent in the form of a check from the Direct PLUS loan.

Parent Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** The parent will receive a refund only if the amount of the Parent Loan exceeds the amount owed to the university.