SUMMER 2009
FEDERAL DIRECT PLUS LOAN APPLICATION AND DATA FORM
(PARENT LOAN FOR UNDERGRADUATE STUDENTS)

You have until August 7, 2009 to submit the PLUS Loan Request Form for Summer.

Please complete the following information (type or print all information except signatures). All information must be completed before loan can be processed.

STUDENTS: Should complete items 1-6 on this data form.

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 $_________________

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 01/01/85: _____ _____

   b. Are you a veteran: _____ _____

   c. Are you a graduate student? _____ _____

   d. Are you married: _____ _____

   e. Are you an orphan or ward of the court _____ _____

   f. Do you have legal dependents? _____ _____

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

   On Campus     Cont Ed     On Campus     Cont Ed

   Summer 4 week period _____ _____ Summer 6 week period _____ _____

   Summer 8 week period _____ _____

   Enrolled in Study Abroad WITH an EIU class through the School of Continuing Ed.(yes or no) _____ Summer 2009

   Enrolled in Study Abroad NOT taught by EIU (yes/no) _____ Summer 2009

   Where?____________________________________
   _______________________________________________________________________

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 ______ 6th 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 18th 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 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). 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.