



Carroll College
Parent Plus Loan Request Authorization Form
 2006-2007 Academic Year

Student's Name _____ **Student's SSN#** _____

The federal government, in partnership with private lenders, offers a low-interest Parent Loan to Undergraduate Students (PLUS). This loan enables parents with good credit history to borrow for educational expenses for students enrolled in at least 6 credits. Both the parent and the student must be either U.S. citizens, U.S. nationals, or eligible citizens, and are not in default on a federal education loan. Please complete and return this document if you wish to apply.

PLUS Applicant Information (Please Print)

Parent Name	Parent Social Security #
Parent Date of Birth	Parent Alien Registration # (If applicable)
Parent Address	Parent Drivers License #
City State Zip	Parent Phone
Lender Name	Lender ID Code

Amount Requested: The maximum PLUS that can be offered is limited to the Total Cost of Attendance minus all other financial aid help from any source including institutional, county, state, federal or private aid given to the student for education. The final PLUS amount offered will be determined after consideration of all other aid and could be less than your requested amount. Net proceeds are 96% to 97% of the amount borrowed, depending on the lender. Repayment begins approximately 60 days after the last disbursement and will be about \$50 per month for every \$4000 borrowed.

I would like to request \$ _____ PLUS for the entire school year to be disbursed equally between the fall and spring semesters.

REFUND AUTHORIZATION

If your dependent student will have a refund on his/her student account from the PLUS loan proceeds received via EFT, an authorization to disburse the refund to the student must be signed. If there is not authorization in the Financial Aid Office, the refund check will be made out and mailed to the parent borrower.

I hereby authorize the refund from my Federal PLUS Loan proceeds to be disbursed to my dependent student. I further understand I can rescind this authorization at any time during the student's attendance at Carroll College.

Parent Borrower Signature _____ **Date** _____
 (Sign only if the refund is to go to the student)

Please return to: **Carroll College** **Phone: 1-800-992-3648 ext 5425**
 Financial Aid Office **406-447-5466**
 1601 N Benton Ave
 Helena, MT 59625 **Fax: 406-447-5187**