

FEDERAL PLUS LOAN REQUEST FORM

P. O. Box 309, Jamestown, NC 27282 • (336)-334-4822 Greensboro or (336) 454-1126-High Point

I hereby authorize the GTCC Financial Aid Office to transmit my Federal PLUS Loan request electronically. I understand that:

- If the lender approves my loan, I will need to complete the PLUS Master Promissory Note (PMPN). I must sign and date the PMPN using my PIN. I also understand that if I do not complete the MPN in a timely manner, it will delay the receipt of my Federal PLUS loan funds.
- **My PLUS loan funds will be sent to GTCC through electronic funds transfer (EFT) and applied to my student's account in the GTCC Finance Office. After all charges have been paid, the balance will be mailed to my student at his/her home address. The date the check is mailed is determined by the date of completion of all Financial Aid documents and PMPN and follows the same disbursement schedule as Federal Stafford Loans. Check GTCC's website at www.gtcc.edu for scheduled disbursement dates.**
- I must abide by all rules and regulations of the Federal PLUS Loan program.
- Lenders may charge up to 3% of the loan amount I request as an origination fee; however, I am still responsible for paying back the entire amount I request in addition to any accrued interest. Lender repayment options are subject to change without notice.
- My student must maintain at least six (6) credit hours per semester of enrollment and adhere to the GTCC Satisfactory Academic Progress Policy for me to remain eligible for the PLUS loan.
- The Financial Aid Office reserves the right to use professional judgement to suspend financial aid to my student during the award year if excessive "F" and "W" grades are earned, as stated in the GTCC Satisfactory Academic Progress (SAP) Policy.
- **I understand that if I wish to receive a Federal PLUS Loan in future academic years, I must re-apply using current procedures. The GTCC Financial Aid Office will not contact me to reapply.**
- Amount requested by parent: \$ _____ (*Amount certified cannot exceed eligibility; cost minus aid*)
- For what semester: **(Check one)** Fall/Spring ____ Spring Only ____ Spring/Summer ____ Summer ____

Student Name (please print) _____

Student DOB _____ GTCC ID Number: _____

Print Parent Name: _____

Parent Street address _____ City/State/Zip _____

Parent DOB _____ Parent SSN _____ Parent Phone # _____

Parent Signature: _____ Date: _____

Parent Colleague ID Number: _____ (to be determined by Financial Aid Office)