

## Federal Direct PLUS Loan Pre-Application

**Please Note:**

The certified gross loan amount will be no higher than the cost of education less any financial aid received.

The PLUS Loan will be divided into two equal disbursements for a full year award.

**Fall Bill Due Date: July 31, 2008**

**Spring Bill Due Date: December 31, 2008**

All pertinent loan processing information can be found at  
www.mtholyoke.edu/go/plus

**Please return at least two weeks prior to the semester due date.**

Student Financial Services  
50 College Street  
South Hadley, MA 01075  
(413) 538-2291 phone  
(413) 538-2512 fax  
sfs@mtholyoke.edu

### STUDENT INFORMATION

Name \_\_\_\_\_

**Do not leave any information blank.**

Social Security # \_\_\_\_\_

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

### PARENT INFORMATION (To be completed by ONE parent borrower only)

Parent Full Legal Name \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_

Email\* \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_

\* PLUS Loan credit decisions will be emailed to the parent borrower

**Citizenship Status:**

U.S. Citizen or National

Permanent Resident

Other eligible non-citizen Alien registration number: A \_\_\_\_\_

**Loan Period:**

Full Year 2008-2009 Repayment begins March 2009

Fall only 2008 Repayment begins October 2008

Spring only 2009 Repayment begins March 2009

**Loan Amount Requested \$** \_\_\_\_\_

(A 4.0% origination fee will be deducted from the above amount)

I wish to add the 4% origination fee to the loan amount requested above.

Do not add the 4% origination fee. I understand the actual disbursed amount will be less.

### CERTIFICATION

I request that Mount Holyoke College submit this information to the U.S. Department of Education.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

### INTERNAL USE ONLY

Approved

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Denied

Email Notification Sent

Initials: \_\_\_\_\_

Date: \_\_\_\_\_