



Federal Direct PLUS Loan Pre-Application

Return at least two weeks prior to the semester bill due date:

Fall Bill Due Date: July 31, 2009

Spring Bill Due Date: December 31, 2009

Student Financial Services

50 College Street

South Hadley, MA 01075

(413) 538-2512 fax sfs@mtholyoke.edu

Do not leave any information blank.

STUDENT INFORMATION

Name _____

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* _____

City, State, Zip _____

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 2009-2010

Fall only 2009

Spring only 2010

Loan Amount Requested \$ _____ (One of the boxes below must be selected.)

I wish to add the federally required 4.0% origination fee to the loan amount requested above.

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

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is 451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1004, Federal Register, Vol 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register, Vol 59 p. 65532). Thus this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining where particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loans(s) so that data may be recorded accurately.

CERTIFICATION

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

Parent Signature _____

Date _____

Mount Holyoke College

www.mtholyoke.edu/go/plus



Student Name _____

SSN Last 4 digits _____

Please Note:

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

Please read pertinent loan processing information at www.mtholyoke.edu/go/plus

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Students may allow parents or other authorized users to have access to "log in and view" and pay the bills. Online payment options are available as well. **Students must set up authorized users with a separate login and password.**

Institutional Charges: I, the student, (and we, the parents, in the case of a Federal PLUS loan) authorize Mount Holyoke College to apply Federal Title IV financial aid funds to allowable institutional charges such as tuition, room, board and required fees **and also** to other educationally related expenses which might be posted to my student account. Examples of other charges are health center charges, registration packets, horse board, physical education fees, riding fees, Odyssey book charges, and late payment fees.

I/We understand that per federal regulation, current year federal aid cannot be applied against any prior year balance greater than \$200.

Title IV Credit Balance: If I/we have a credit balance exceeding tuition, room and board created by Federal Title IV funds (not institutional or private funds), I authorize Mount Holyoke College to hold the funds in my student account until the subsequent billing period. If I/we wish to receive the Title IV credit balance (student funds to the student and Federal PLUS loan funds to the parents), I/we will notify Student Financial Services in writing, and it will be provided within 14 days of processing the request.

Authorization:

I understand that this authorization, or either of the above components, can be rescinded at any time by submitting a signed statement to the Student Financial Services office.

I/we declare that the information reported on this form is true, correct, and complete and that I/we will send timely word of any significant change in resources, family situation, number of children in post-secondary education, or receipt of outside scholarships. I/we understand that the information provided on this and other documents may be shared with the applicant, with other agencies from which we are requesting aid, and with scholarship donors.

We, the **parent borrower and student**, certify that we will use any federal funds we receive during the award year covered by this application solely for expenses related to attendance at Mount Holyoke College. We also certify that we are not in default on any federal student loans or have made satisfactory arrangements to repay them and will notify Mount Holyoke College if we default on a federal loan.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

INTERNAL USE ONLY

- Approved Initials: _____ Date: _____
- Denied
- Email Notification Sent Initials: _____ Date: _____