

2022-23 Federal Direct Parent PLUS Loan Request

Student Financial Services 1825 N Bluemound Dr PO Box 2277 Appleton, WI 54912-2277

Comments:

Email: financialaid@fvtc.edu Phone: 920-735-5650 Fax: 920-735-5763

Website: www.fvtc.edu/finaid

All steps below are required in the order listed and will delay the processing of your PLUS loan if a step is incomplete:

- 1. Student & Parent: Complete the FAFSA at https://studentaid.gov/h/apply-for-aid/fafsa.
- 2. Student: Submit required financial aid documents in your MyFVTC To-do list and be offered financial aid.
- 3. <u>Parent:</u> Complete the PLUS Application at https://studentaid.gov/plus-app. This will enable the Department of Education to perform your credit check.
- 4. <u>Parent:</u> Complete the PLUS Master Promissory Note at https://studentaid.gov/mpn/parentplus/landing.
- 5. Student & Parent: Complete the information below and submit this form to our office.

Student Name	Student ID			
Step One: Parent Information				
Parent Name:Last First	MI Pho	Phone Number: ()		
Parent Social Security Number:	Date	of Birth:/	_/	
Parent Address:Street	City	State	Zip	
Parent Driver's License:Number	E- State	Mail:		
Parent Citizenship Status (Check One): US Citizen	Eligible Non-Ci	tizen Alien Reg. #:		
Total Amount Requested: \$ To	erm Requested:	Fall 2022 🔲 Sprin	g 2023 🔲 Summer 2023	
Parents may borrow up to the Cost of Attendance minus other financial eligible to receive. For Direct PLUS Loans first disbursed on or after July life of the loan. A loan origination fee is assessed resulting in a lesser am	1, 2022, and before Jul	y 1, 2023, the interest rate is 7.5	54%. This is a fixed interest rate for the	
Step Two: Certification and Signature				
I certify that the above information is accurate and correct receive a Federal PLUS loan, I must pass a mandatory cred my signature, I authorize any PLUS loan amounts to be crestudent.	dit check performe	d by the U.S. Department	of Education and its agents. By	
Parent Signature (No Electronic signature) Date	Studer	nt Signature (No Electroni	ic signature) Date	
	OFFICE USE Of	NLY		
Date received: Staff initials: Reviewer	r initials: Da	te:Parent FV	TC ID:	
Completed ALL steps Credit: Approved expired date	Denied	PS comment:	Add Revised:	