

## 2020-21 Federal Direct Parent PLUS Loan Request

Anonicage	That Horks	2020 2110			ounnequest
Return form to:	Student Financial Servi	ces			Fax: 920-735-5763
	1825 N Bluemound Dr				financialaid@fvtc.edu
	PO Box 2277				www.fvtc.edu/finaid
	Appleton, WI 54912-2277 e required in the order listed and will delay the processing of your PLUS loan if a step is incomplete:			Phone: 920-735-5650	
All steps below are	e required in the order list	ed and will delay the proces	ssing of your PLUS loan	if a step is incomplete:	
Step 1. 🔲	Student & Parent: Complete the Free Application for Federal Student Aid (www.fafsa.gov)				
Step 2. 🔲	<u>Student:</u> You must have a financial aid offer in your MyFVTC. <i>If not, you must wait to submit this form.</i>				
Step 3. 🗖	Parent: Complete the PLUS Application at https://studentloans.gov. This will enable the Department of Education				
	to perform your credit check.				
Step 4. 🔲	Parent: Complete the PLUS Master Promissory Note at https://studentloans.gov.				
Step 5. 🗖	Student & Parent: Complete the information below and submit this form to our office.				
Student Name:	FVTC ID:				
Student Name	Last	First	FX	/icib	
Total Amount Re	quested: \$	Term Requ	iested: 🔲 Fall 2020	Spring 2021	🔲 Summer 2021
	· · ·	I	_		
eligible to receive. In	terest is calculated each year	ninus other financial aid. Your l based on the 10-year Treasury E ) of the principal amount of eac	ill rate plus 4.6%. In addit	ion to interest, there is a lo	an origination fee of 4.236%
Parent Name:			Phone Number	: ()	
	Last	First MI			
Parent Social Sec	urity Number:		Date of Birth:	//	
Parent Address:	Street		City	Stata	Zip
	Sileet	(	Lity	State	zīp
Parent Driver's L	icense:		E-Mail:		
	Number	St	ate		
Darant Citizanshi	n Status (Chack Ona):	🔲 US Citizen			
Parent Citizenship Status (Check One):  US Citizen Eligible Non-Citizen Alien Reg. #:					
			Allen Neg. #		
receive a Federal	PLUS loan, I must pass	rurate and correct to the l a mandatory credit check amounts to be credited to	performed by the U.S	S. Department of Educ	ation and its agents. By
Parent Signature	e (No Electronic signatur	e) <b>Date</b>	Student Signature	e (No Electronic signat	ure) <b>Date</b>
		OFFIC	E USE ONLY		
Date received:	Staff initia	s: Reviewer initials:	Date:	Parent FVTC ID:	
Completed ALL ste	ps Credit: Approved	expired date	Denied	PS comment: A	dd Revised:
Comments:					