FEDERAL DIRECT PLUS LOAN REQUEST FORM

PARENTS OF DEPENDENT STUDENTS ONLY

2026/27

Phone: 540-868-7130 | Fax: 540-868-7274 | Email: finaid@laurelridge.edu
laurelridge.edu/directloans

Incomplete Forms will not be processed— The Financial Aid Office(FAO) is not responsible for classes dropped due to processing delays

Section A: Student Information

Last Name | First Name | M.I.

Student ID Number (EMPLID) | Date of Birth | Expected Graduation Date

Phone Number | Student Email Address @email.vccs.edu

Section B: Borrower Information: *One parent only – Note: FAO may request additional documentation, if needed.*

Last Name | First Name | M.I. | Relationship to Student

Parent Social Security Number | Parent Date of Birth

Parent Phone Number | Parent Email Address

Parent Home Address | City | State | Zip

Citizenship Status: ☐ U.S. Citizen ☐ Eligible Non-Citizen A# _____

Are you in **default** on Federal Parent/Student Loans or owe repayment on Federal Grants? ☐ Yes ☐ No

Section C: Loan Period, Amount, & Excess Funds

Requested Loan Period (Check One)

☐ Fall/Spring ☐ Fall Only ☐ Spring Only

Requested Loan Amount *(See eligibility chart above)*

$_____

☐ Initial Request ☐ Additional Amount

Note: A loan fee is assessed resulting in a lesser amount being disbursed to your account. The current rate is fixed at **9.07%** with a fee amount of **4.228%.**

Do you give consent for the student to use the Parent PLUS Loan to **charge books and supplies** to their account?

☐ Yes ☐ No

If there is a **refund** resulting from the PLUS loan, would you like the proceeds to go to the student?

☐ Yes ☐ No

*If **no**, a check will be mailed to you at the address listed on this application and Records will correct the mailing address on file.*

Section D: Requirements & Understanding

By signing below, we:

- Certify that the information provided on this form is **complete and correct**.
- Understand the student must be **enrolled for at least 6 credit hours** at the time of disbursement.
- Parent borrower signing below understands that by completing this form, a **credit check will be performed** by the Department of Education to determine eligibility for this loan.

Completing, signing, and returning this form to Financial Aid serves as consent to initiate the loan process.

Student Signature **Date** **Parent/Borrower Signature** **Date**

Financial Aid Office Use Only:

$	COA		Verification complete, if required
	SAI		Parent Credit Check
-$	Aid		Add Approved/Denied Checklist
$	Remaining Elig		Award Notification
$	PLUS Amount		Staff Initials & Date: _____