



2011-2012
Financial Aid Department
570 Golden Eagle Avenue
Quincy, CA 95971
Phone: (530) 283-0202 x 603
FAX (530) 283-4659
FEDERAL DIRECT PARENT PLUS LOAN
REQUEST FORM
ADDITIONAL FUNDS

Student Information:

Last Name _____ First _____ Middle _____
Student ID _____ Date of Birth ____--____--____
Social Security # ____-____-____

Parent Information:

Last Name _____ First _____ Middle _____
Social Security # ____--____--____ Date of Birth ____--____--____
Permanent Address _____
City _____ State _____ Zip Code _____
Home Phone (____) ____--____ Cell Phone (____) ____--____

For which semesters are you requesting this additional loan for?

- Fall & Spring 2011/2012 Fall 2011 Only Spring 2012 Only
(Single semester loans will be disbursed in two parts)

Loan Amount Requested \$ _____ (7.9% interest rate)

Please check one of the boxes below:

- I hereby authorize Feather River College to prepare a check for any excess funds from my Federal Direct Parent PLUS Loan made payable to the student for whom this loan was granted.
 I request that Feather River College prepares a check for any excess funds from my Federal Direct PLUS Loan made payable to me.

I understand that by signing this application I am agreeing to all terms and conditions contained in my original student loan request form.

Under penalty of perjury, I certify that the information I have provided on this application is true and accurate. I understand that if I give false or misleading information, my loan application will be denied, and I may jeopardize my eligibility to receive financial funds at Feather River College.

I UNDERSTAND THAT THIS IS A FEDERAL EDUCATION LOAN THAT I MUST REPAY.

Parent's Signature _____ **Date** _____