

S T U D E N T F I N A N C I A L S E R V I C E S

Federal Direct Parent Loan for Undergraduate Students (PLUS)

This application is for the parent(s) of Dependent students that would like to apply for the **PLUS** loan. Please be advised that by submitting this form, you, the parent will undergo a credit check by the *U.S. Department of Education*. Loan approval is determined by *Federal Direct Lending*. If your student has not completed a *Free Application for Federal Student Aid (FAFSA)* for the award year in which the loan will be applied, you must do so **prior** to submitting this form. Please print clearly. Illegible or incomplete applications will result in processing delays.

STUDENT SECTION

1. Student's Name: _____
Last First Middle Initial

2. Student's Oasis ID or Social Security No. _____

3. Loan Requested For: Fall Only _____yr Fall & Spring Semesters _____yr (2 installments)
 Spring Only _____yr Summer Only _____yr

4. If my parent is ineligible to borrow under the PLUS loan program because of a credit denial, I would like to be considered for an Unsubsidized Stafford Loan. For more information on this loan please visit the Plus Loan Information Page at www.colum.edu/sfs.

Yes, please process an Unsubsidized Loan No, please do not process an Unsubsidized Loan.

5. _____ 6. _____
Student Signature (required) Date

*Parent Borrower(s) **not** listed on their student's **FAFSA** should submit the following documents with their application to expedite the process:

- A copy of their Social Security Card
- A copy of their driver's license/state ID
- A copy of their student's birth certificate

PARENT BORROWER SECTION*
PLEASE LIST INFORMATION FOR ONLY ONE PARENT

7. Borrower's Name: _____
Last First Middle Initial

8. Borrower's Birth Date: _____ 9. Borrower's Social Security No. _____

10. Citizenship: U.S. Citizen Eligible Non-Citizen* A _____

***Eligible Non-Citizens must submit a copy of their Permanent Resident Card with their application.**

11. Driver's License No. _____ State Issued: _____

12. Borrower's Address: _____
Street

City State Zip

13. Borrower's Telephone No. _____

14. Employer Name: _____

15. Employer Phone No. _____

16. Borrower's Email Address: _____ @ _____

17. Total Loan Amount Requested: \$ _____ (amount requested will be disbursed less 4% loan origination fee for each installment. One term loans disbursed in 1 installment).

18. Yes, I authorize any excess loan funds to be issued to my student.
 No, I do not authorize any excess loan funds to be issued to my student. Please issue any refunds to me.

19. If it is determined that you have adverse credit, will you try to obtain an endorser? (co-signer) Yes No

20. **I certify that the following statements are true (check box):**

I am not in default on a Stafford, PLUS, or Perkins Loan.

I do not owe a refund to any postsecondary institution involving Federal Title IV funds.

I have not received Title IV funds through misrepresentation or fraud.

By submitting this application, I declare, under the penalty of perjury, that all information provided herein is true to the best of my knowledge.

21. _____ 22. _____
Parent Signature (required) Date

COLUMBIA COLLEGE CHICAGO
STUDENT FINANCIAL SERVICES
ATTENTION: PLUS APPLICATIONS
600 S. MICHIGAN AVE., #303
CHICAGO, IL 60605

PHONE: 866-705-0200
FAX: 312-344-8436
FORWARD QUESTIONS AND COMPLETED SCANNED APPLICATIONS:
PLUSAPP@COLUM.EDU