



OFFICE OF FINANCIAL AID PLUS LOAN REQUEST

If you purposely give false or misleading information on this document, or on any financial aid form, you may be fined up to \$20,000, be sent to prison, or both.

PARENT BORROWER INFORMATION – PLEASE PRINT

| | | |
|---------------------------|-------------------------|----------------------------------|
| Parent's Last Name | Parent's First Name, MI | Parent's Social Security Number* |
| Permanent Street Address | | Telephone Number |
| City, State, Zip | | Parent's Date of Birth |
| Parent Email | Student Name | Student's ID number |
| Student Cell phone Number | Student E-mail | |

***Social Security Number Policy:** *You are required to provide your Social Security number (SSN) on the FAFSA. Provision of your Colleague Student ID or SSN is required on this and all supporting documents used to apply for financial aid. Your SSN will be used for the college's system of student records, for compliance with federal and state reporting requirements, as well as for debt collection. The college will not disclose your SSN to anyone outside the institution except as required by law, and will make every effort to protect your privacy. If you fail to provide your correct SSN or Student ID the processing of your PLUS loan application will be delayed.

- In order to be eligible for a Federal PLUS loan, I understand my son or daughter must:
- have filed the Free Application for Federal Student Aid for the current academic year
 - enroll for at least half time (six credits) per semester in an eligible degree or certificate program
 - attend at least half time (six credits) until the conclusion of the semester in order to remain eligible
 - maintain Satisfactory Academic Progress

Loans are disbursed beginning at the midpoint of the semester (mid-October for fall and mid-March for spring). Loans are disbursed evenly between fall and spring semesters unless indicated by anticipated graduation date or the student's actual enrollment.

I am requesting \$ _____ for the _____ academic year. Anticipated Graduation Date _____

This is a ___ New Request ___ Increase The student will be enrolled ___ Full Time ___ Three-quarter time ___ Half Time

If eligible for a refund please send funds to ___ parent ___ student. Refunds will be sent to parent address indicated on form or student address listed in Camden County College's records.

I understand that I must have already applied for a PLUS Loan and completed an active Plus Master Promissory Note for CCC in addition to this request form (visit to apply www.studentaid.gov/fafsa). I understand that approval for the PLUS loan is based upon my credit history. Adverse findings in my credit history may cause my loan to be denied. I understand that if my student withdraws or stops attending any classes, he/she will receive XA, NA or F grades and as a result my PLUS loan may be reduced or cancelled.

Parent's Signature: _____ Date: _____

FINANCIAL AID OFFICE USE ONLY

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|---------------------------------|------------------------------------|---------------------------------------|
| _____ PLUS loan initial request | _____ PLUS loan additional request | _____ PLUS loan request not processed |
| FAO Comments: | | Date: |