

2017-2018 Grad PLUS Loan Request Form

A. STUDENT'	S SECTION:
Student Name: _	Social Security Number:
Address:	City: ST: Zip Code:
Email Address: _	Date of Birth:
B. REQUIREN	IENTS:
I certify that I mee	or I will meet the student eligibility requirements below:
☐ Complete t	he 2017-2018 FAFSA at www.fafsa.gov
☐ Complete t	he Entrance Counseling at www.studentloans.gov
☐ Complete t	he PLUS Loan Counseling at www.studentloans.gov
☐ Complete t	he Grad PLUS Master Promissory Note (MPN) also at <u>www.studentloans.gov</u>
C. AMOUNT I	REQUESTING:
	quest a loan for the following amounts: ic dollar amount below or circle "maximum" if you wish your loan(s) are maximized)
FALL 2017	\$ or Maximum
WINTER 2018	\$ or Maximum
SPRING 2018	\$ or Maximum
SUMMER 2018	\$ or Maximum
Please explain why	you are requesting a loan:
D. AUTHORIZ	ATION:
report of my credit	S. Department of Education, its agents, and the financial aid office at Southwestern College to obtain a record and use the information from that report in determining whether to make a Direct PLUS Loan to lat I will be notified by way of an electronic communication of the results of the credit check with respect to
Student's Signatu	rre (REQUIRED): Date:
	Financial Aid Administrator Use Only
Date Processed: _	Initials:
Notes:	