



Student Signature: _

2100 16th Avenue South, Great Falls, MT 59405 [406] 771.4334 or [800] 446.2698 Fax: [406] 771.4410 finaid@gfcmsu.edu www.gfcmsu.edu

Parent PLUS Loan Request

This form will be returned if any item is incomplete or not legible.

Student Information	
Name:	Student ID:
Address (city, state, zip):	
Email Address:	Phone:
Social Security Number:	Date of Birth:
Parent Information	
Parent Name (first, middle initial and last name):	
Parent Social Security Number:	Parent Date of Birth:
Address (city, state, zip):	
Email Address:	Phone:
Driver's License (State and Number):	U.S. Citizen: Yes No
Loan Information	
Year: Total Loan Requested (fo	r school year): \$
Distribution: Fall \$ Spring \$	Summer \$
A parent may apply for a PLUS loan up to the costs of attendance, minus all other financial aid. If the PLUS loan is for one semester only, the amount a parent may borrow is based on the costs of attendance for that semester minus the financial aid for that semester.	
Refund Authorization	
Check one and initial (Parent)	
I authorize that Great Falls College MSU Student Accounts Office to issue any refund generated from the disbursement of the Federal Parent Plus Loan be issued directly to the student .	
OR	
I authorize that Great Falls College MSU Student Accounts Office to issue any refund generated from the disbursement of the Federal Parent Plus Loan be issued directly to the parent listed above .	
Parent Signature	
I certify that I am the parent/stepparent of the student on this application and that all information provided on this form is accurate. I understand the information I provided on this application will be transmitted to the Department of Education, and my credit history will be reviewed to determine my eligibility for the PLUS loan.	
Parent Signature:	Date:
Authorization by Student to Increase Unsubsidized Loan Amount	
In the event that the parent is denied the Federal Direct Parent Plus Loan, the student may be eligible for an additional Stafford Unsubsidized Loan. I acknowledge that by signing this form, I am authorizing the request for additional unsubsidized loans to the fullest value possible, but will not exceed the expected cost of attendance.	

Date: