

## **Federal Direct Parent PLUS Loan Application Process**

Follow these steps to complete the application process for a Federal Direct Parent PLUS Loan.

1. Complete the 2016-17 Free Application for Federal Student Aid (FAFSA) for your dependent undergraduate student.
2. Log onto <https://studentloans.gov> and complete a new Master Promissory Note (MPN) for Parent PLUS Loans. You must have a Federal FSA ID to sign your MPN. If you do not have a FSA ID, log onto [www.fsaidth.gov](http://www.fsaidth.gov) and apply.
3. Complete all attached forms.
  - Direct PLUS Loan Request Form
  - Direct PLUS Loan Authorization to apply charges
  - Direct PLUS Loan Refund Release Form
  - Consent to Obtain Credit Report
4. Submit the completed forms to the Rachel Cavanaugh in the Financial Aid Office (U-125). You may email them to [rcavanaugh@cfcc.edu](mailto:rcavanaugh@cfcc.edu) or fax to 910-362-7210 or mail them to 411 North Front St Wilmington, NC 28401

After your Direct Parent PLUS Loan is approved, the funds will be electronically posted to your dependent student's account to pay for tuition and mandatory fees. If you authorize CFCC to apply PLUS Loan funds to cover bookstore charges, your dependent student will be able to charge books and supplies up to the remaining amount of the loan.

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Cape Fear Community College

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**PARENT PLUS Loan Request For 2016-17**

A parent may receive a PLUS loan to pay for the educational costs of an eligible dependent undergraduate student for the year minus all other financial aid.

A parent is defined as the student's biological or adoptive mother or father. A stepparent is also eligible to borrow a PLUS loan if his/her income and assets were included on the FAFSA.

The total PLUS loan amount may not exceed the student's cost of attendance (as estimated by CFCC) minus other financial aid awarded for the same period of enrollment.

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Student's Name \_\_\_\_\_ SSN \_\_\_\_\_

Parent Borrower's Name \_\_\_\_\_ SSN \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Parent Borrower's Email Address \_\_\_\_\_

The Department of Education will submit loan funds to CFCC via electronic funds transfer (EFT). EFT receipt is based on when the financial aid file was complete and when your loan application was certified. Funds will not be released to the borrower until after the 5<sup>th</sup> week of classes, in accordance with CFCC policy.

\_\_\_\_\_  
Parent Borrower's Signature

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY:**

Curriculum \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

PLUS Loan \$ \_\_\_\_\_  
Fall

\$ \_\_\_\_\_  
Spring

\$ \_\_\_\_\_  
Summer

## **Authorization to Apply PLUS Loan Funds to ALL Charges**

I authorize CFCC to automatically apply my PLUS Loan funds to cover my dependent student's current tuition and fees and other charges, such as books and supplies. I understand that my dependent student will be responsible for any charges incurred after PLUS Loan funds are distributed as instructed on the reverse.

Student's Name \_\_\_\_\_

Student's SSN/ID# \_\_\_\_\_

Parent Borrower's Signature \_\_\_\_\_

Date \_\_\_\_\_

Federal financial aid regulations govern how CFCC can apply financial aid to students' accounts. Only "allowable charges," defined in regulation as current tuition and mandatory fees and college-provided room and board charges, can be paid from financial aid funding. By completing the above authorization, you agree to allow CFCC to satisfy **all** outstanding charges on your dependent student's account with PLUS Loan funds.

You are not required to sign this authorization form; and if you do, you may cancel it at any time. The written cancellation request should be sent to Rachel Cavanaugh (fax: 910.362.7210) in the Financial Aid Office. The U.S. Secretary of Education considers a signed authorization to remain in effect indefinitely unless you cancel it.

Failure to sign this authorization will result in your dependent student's **not** being able to charge books and supplies in the CFCC Bookstore against PLUS Loan funds. Cancellation of this authorization may result in unpaid charges on your dependent student's account for which s/he will be solely responsible.

**\*\*See the "PLUS Loan Refund Release" Form for Important Information on the Release of Excess PLUS Loan Funds\*\***

**PLUS LOAN REFUND RELEASE FORM**  
**Please complete and return to CFCC Financial Aid Office**  
**Attn: Rachel Cavanaugh**  
**Fax: 910-362-7210**

Student Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Borrower's Information (Parent)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Academic Year 2016-17

PLUS Loan funds in excess of student's charges should be:

\_\_\_\_\_ Refunded to Student

\_\_\_\_\_ Refunded to Borrower (Parent) at above address

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

**See "Authorization to Apply PLUS Loan Funds to ALL  
Charges" Form for Important Information on the Use of PLUS  
Loan Funds to Cover Student Charges**

### Consent to Obtain Credit Report

I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Today's Date

#### Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, Federal Register, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.