



2020-2021 Federal PLUS Loan

Financial Aid Office
1501 State Street Marshall, MN 56258
Telephone: 507-537-6281 or 1-800-642-0684 extension 6281
FAX: 507-537-6275
FinancialAid@SMSU.edu

To borrow a PLUS Loan parents **MUST** complete this form AND the Federal Direct Loan Master Promissory Note online at www.studentloans.gov

Student Information:

Student's Name: _____

SMSU ID: _____ Student's Date of Birth _____

Borrower (Parent) Information:

Parent Borrower's Name: _____

Parent's Date of Birth _____ Parent's Social Security Number _____

Permanent Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Loan Information:

Amount you wish to borrow \$ _____

Process this application for: _____ Fall and Spring _____ Fall Only _____ Spring Only _____ Summer

Parent Borrower Certification:

I authorize the Financial Aid Office at Southwest MN State University to certify and submit my Federal PLUS Loan application. I understand that the SMSU Financial Aid Office will determine my maximum PLUS loan eligibility and will submit the loan application for the **lesser** of my requested amount and the maximum eligibility.

I authorize the University Cashier at Southwest Minnesota State University to electronically endorse and automatically apply the PLUS loan proceeds to my son/daughter's account to pay education debts he/she owes SMSU for the enrollment period of the loan.

If there are any remaining funds after educational charges at SMSU are paid, my son/daughter will receive the overage as direct deposit to their bank account if they have completed a direct deposit form. If no direct deposit form is on file SMSU will print and mail a check made payable to the student to the student's local address. If this is not acceptable, I understand that I must contact the SMSU Cashier at 507-537-7117.

My signature below grants authorization to the SMSU Financial Aid Office to perform a credit check to determine my eligibility for a Federal PLUS Loan. (If a parent of a dependent student is denied the PLUS Loan the student may be eligible for additional Unsub Stafford loan funds. The student will be required to authorize the additional loan funds.)

Parent Signature _____ Date _____

Check this box if you are turning this form in for PLUS denial purposes