

***** A Parent must also complete the Parent PLUS Loan Application and Master Promissory Note at: <https://studentaid.gov/app/launchPLUS.action> prior to consideration.**

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

I. Student Information

Student Name _____
(last) (first) (middle initial)

Student Identification Number _____

Student Social Security Number _____ - _____ - _____

Loan Amount Requested \$ _____ (if left blank, the maximum amount of loan will be processed)

A Parent may apply for a PLUS loan up to the cost of attendance minus all other financial aid. If the PLUS is for one semester only, the amount that a parent may borrow is based on the cost of attendance for that semester minus the financial aid for that semester.

II. Parent Section

Parent Social Security Number _____ - _____ - _____

Parent Name _____
(last) (first) (middle initial)

Street Address _____ City _____

State _____ Zip Code _____ Parent Birthdate (mm/dd/yyyy) ____/____/____

Home Telephone _____ - _____ - _____ U.S. Citizen: Yes _____ No _____

Email Address _____

III. Refund Authorization

_____ I Authorize the Student Accounts Receivable Office to issue any refund generated from the disbursement of the Federal Parent PLUS Loan to the student beneficiary.

IV. Parent Signature

I certify that I am the parent/step-parent of the student on this application and that all information provided on this form is accurate. I understand that the information I provide 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 _____

V. Authorization to Increase Unsubsidized Loans

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.

Student Signature _____ Date _____

**Return to: Helena College Financial Aid Office; 1115 North Roberts; Helena, MT 59601 –
Fax: (406) 447-6397**