

E-mail: bsr-confinancial@bshsi.org

FEDERAL PLUS LOAN REQUEST FORM

(To be completed by PARENT Borrower of BSMCON/SOMI/SCHS student)

Indicate the institution you attend:				
Bon Secours Memorial College of Nursing	g (BSMCON)			
Bon Secours St. Mary's Hospital School o	f Medical Imaging (SOMI)		
Southside College of Health Sciences (SCI	Student's ID#			
Printed Student's Name:	Studer	t DOB	_	
Your Parent PLUS Loan will not be processed until t MPN online at https://studentaid.gov/mpn/ within 60 prior to processing.				
Name of Parent Borrower:			Parent SSN	
Address		Parent	Phone Number: ()_	
City, State, Zip	Parent Date of Birth:			
Parent Citizenship Status:				
A. Citizen/National				
B. Permanent Resident/Other Eligible Noncitizen, i	if "b", Alien Registrati	on No		_
Please complete ALL of the information belo	<u>ow</u>			
Indicate which semester this loan will be used for (cl	heck one):			
Fall/Spring/Summer (SOMI & SCHS only)	Fall/Spring	Fall only	Spring only	Summer only
Total PLUS Loan Amount Requested* \$_ processed. For multiple semester loans this amou				or the loan to be
*The PLUS Loan Amount Requested will be reduced fee is 4.228%. To calculate: Requested loan amount				ent, the current
I accept the parent PLUS loan. I authorize the Finan listed above. Only I have the option to increase the I confinancial@bshsi.org.				mount I have
I understand that if my credit is denied for the PLUS if Freshmen/Sophomore or \$5,000 if Junior/Senior in				additional \$4,000
Parent's Printed Name	Parent's Signature			Date