

Office of Financial Aid 8550 Magellan Parkway, Suite 1100 | Richmond, VA | 23227 W: 804-627-5350 | F: 804-627-5441 Email: bsr-confinancial@bshsi.org

FEDERAL PLUS LOAN REQUEST FORM

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

	Student's ID#	
Printed Student's Name:	Student DOB	
Your Parent Plus Loan will not be processed until the Plus Loan are complete. Please complete online at www.studentloans.gov application from expiring prior to processing.		
Name of Parent Borrower:	Parent SSN	<u>-</u>
Address	Parent Phone Number: ()	
City, State, Zip	Parent Date of Birth:	
Parent Citizenship Status:		
A. Citizen/National		
B. Permanent Resident/Other Eligible Noncitizen, if "b", Alien R	Registration No	
Please complete ALL of the information below		
Indicate which semester this loan will be used for:		
(Check <u>one</u>) Fall/Spring Fall only	Spring only Summer only	у
Total PLUS Loan Amount Requested \$processed.)	(this line must be completed for the lo	oan to be
Refer to your student's Award Letter for the parent PLUS Loan e loan will be reduced by origination fees taken out by the federal		amount of your
I accept the parent PLUS loan. I authorize the Office of Financia above. Only I have the option to increase the loan if I choose by aware that I would need to complete the Plus Loan Request (Ap increase to be processed.	sending a request in writing to bsr-confinancial@bs	shsi.org I am
I understand that if my credit is denied for the PLUS loan that my Freshmen/Sophomore or \$5,000 if Junior/Senior in Unsubsidized		
Parent's Printed Name Pa	arent's Signature D	Date