



2024-25 FEDERAL DIRECT PLUS LOAN DATA FORM

Please print on this form and return to:
Joy Moore, Financial Aid Coordinator, F105B
or by email: hjmoore@wilsoncc.edu

Student Name: _____ Student Date of Birth: _____

Student SSN: _____ Student Address: _____

Parent Name: _____ Parent Date of Birth: _____

Citizenship Status: Please choose: US Citizen (or US National); Eligible noncitizen Permanent Residence Alien Other
Attach Proof of Citizenship to this form.

Parent SSN: _____ Parent Address: _____

Parent Email: _____ Parent Phone #: _____

Amount requested by parent: \$ _____ (amount cannot exceed eligibility; cost minus aid)

For what semester(s): Fall/Spring Spring/Summer Summer Only

I authorize Wilson Community College Financial Aid to transmit my Federal PLUS Loan request electronically.

I also understand the following:

My dependent child (student) must complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov first, in order to even be considered for the PLUS Loan. I understand that my personal information and financial information must be included on that FAFSA application.

I must sign into the website www.studentloans.gov using MY pin# and complete the PLUS Request Process. If the Department of Education approves my loan, (subject to credit check), I will need to complete the PLUS Master Promissory Note (PMPN) online at www.studentloans.gov. I must sign and date the PMPN using my pin and I further understand that if I do not complete the PMPN in a timely manner, it will delay receipt of my Federal PLUS Loan funds.

I understand if the Department of Education deems my credit to be adverse credit, I am to complete the Direct PLUS Loan Counseling on www.studentloans.gov. The Department of Education will contact me if required. I understand that if this is not completed in a timely manner, it will delay receipt of my Federal PLUS Loan Funds.

I understand I must abide by all rules and regulations of the Federal PLUS Loan Program.

I understand the interest rate of my Federal PLUS Loan will be fixed at **8.05%** and that the Department of Education may charge up to **4.228%** of the loan amount I request as an origination fee. The Lender will contact me regarding repayment options and I understand these repayment options are subject to change without notice.

I understand I am responsible for repaying the entire amount of the loan plus any accrued interest even if my child (student) does not graduate, does not remain enrolled in school a minimum of half-time enrollment, or is not satisfied with the educational experience provided by this school.

I understand my child (student) must remain at a half-time enrollment status at all times, and must make Satisfactory Academic Progress as described in the current College Catalog. Failure to meet these guidelines could result in loss of all educational funding for the student.

I understand the Parent Plus funds will be sent to Wilson Community College through electronic funds transfer (EFT) and applied to the student account in the Wilson Community College Business Office. After all charges have been paid and approximately 6 weeks after classes have begun, the balance will be mailed to the student at his/her address of record. The date the check is mailed is determined by the date of completion of all financial aid documents, the MPN, and after verification of class attendance by the instructor. I understand that if my child (student) incurs charges to his/her account and these funds become ineligible due to my credit situation or my child's (student's) failure to meet financial aid requirements as stated above, that my child (student) will be responsible for those charges and they must contact the business office to make satisfactory payment arrangements.

I understand that if I wish to receive a Federal PLUS loan in future years, I must re-apply on www.studentloans.gov and submit a new Direct PLUS Form to alert the College that I have applied and that Wilson Community College will not contact me to reapply.

Parent Name (Print): _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY: Date Received: _____