

**SINCLAIR COMMUNITY COLLEGE  
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS  
PARENT PLUS LOAN APPLICATION**

AMOUNT OF FEDERAL DIRECT PARENT PLUS LOAN YOU ARE REQUESTING: \$ \_\_\_\_\_

THE AMOUNT REQUESTED WILL BE DIVIDED BETWEEN THE QUARTERS CHECKED BELOW.

SUMMER \_\_\_\_\_ FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

PLANNED ENROLLMENT STATUS: \_\_\_\_\_ Full Time (12+ hours) \_\_\_\_\_ ¾ Time (9-11 hours) \_\_\_\_\_ ½ Time (6-8 hours)

STUDENT'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PARENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT SSN: \_\_\_\_\_

PARENT DATE OF BIRTH: \_\_\_\_\_

PARENT DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT A U.S. CITIZEN, ARE YOU AN ELIGIBLE NON-CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ARE AN ELIGIBLE NON-CITIZEN, PLEASE PROVIDE YOUR ALIEN REGISTRATION NUMBER: \_\_\_\_\_

ARE YOU IN DEFAULT ON ANY PRIOR STUDENT OR PLUS LOAN(S): YES \_\_\_\_\_ NO \_\_\_\_\_

**PARENT CERTIFICATION:** (Please read carefully before signing.)

I understand that the proceeds of this Federal Direct Parent Plus Loan will be applied to any outstanding fees and charges on the student's account and I authorize any and all proceeds available, after the payment of fees and charges, to be paid in full directly to the student.

I also understand that a credit check will be performed before any funds are awarded and that I must complete and sign the "Consent to Obtain Credit Report Form" attached.

In addition, I understand and affirm that all Title IV money received will be used only for expenses related to study at Sinclair Community College.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_