

Illinois Wesleyan University  
Office of Financial Aid  
PO Box 2900  
Bloomington, IL 61702

309-556-3096 phone  
309-556-3833 fax

Federal Parent Direct Loan for  
Undergraduate Students  
(PLUS)  
REQUEST FORM  
2011-2012

Please fill out all sections of this form completely and return to the Office of Financial Aid in order to avoid delays in processing your application.

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Social Sec. Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class (Freshman, Sophomore, Junior, Senior): \_\_\_\_\_ US Citizen? \_\_\_\_\_

**Parent Borrower Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Social Sec. Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Driver's License Nbr: \_\_\_\_\_ State: \_\_\_\_\_

Citizenship of United States? (yes or no. If no, what country and Alien # ?) \_\_\_\_\_

**PLUS Loan Information**

Loan Period (choose only one):  full year  fall semester only  spring semester only  
We recommend choosing "full year" if student is attending both semesters)

Loan Amount: (Requested loan amount may not exceed total cost minus financial aid received)  
*I request an original loan amount not to exceed: \$* \_\_\_\_\_

**Lender Website For Direct Loan Plus – Studentloans.gov**

The federal government regulates the interest rate and repayment terms of all PLUS Loans.

**Please Sign Below**

By signing below, I understand that I am authorizing the Office of Financial Aid at Illinois Wesleyan University to provide my lender with any information that is necessary for me to obtain a Federal Direct PLUS Loan. I also authorize the school, on my behalf, to process a PLUS prescreen, which initiates a review of my credit history against the PLUS credit criteria, and authorizes the lender to obtain a credit report for that purpose. In order to assist the Office of Financial Aid at Illinois Wesleyan University in the completion of the financial aid package for the student named above, I authorize the school to receive notification of the results of the review of the PLUS prescreen.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to the Office of Financial Aid  
(Please make a copy of this information for your own use, should you need to contact the lender)