Financial Aid & Scholarships
Tel: (318)473-6423 FAX: (318)473-6534

8100 Highway 71 South
Alexandria, LA 71302-9121

Parent Plus Loan Application
Summer 2010

_____
Student's Name Student's SSN Student's

To be completed by the parent regarding the parent:

_____
Parent's Name Parent's SSN Date of Birth

_____
Permanent Address City State Zip

_____
Email Address Phone No. Driver's License No. State

Requested Amount:_____

By my signature below I grant LSU at Alexandria permission to process a credit check through the U.S. Education Department to determine my eligibility for a Parent Plus Loan. I understand that this application is strictly for the Summer 2010. If approved, Accounting Services has my permission to credit my son/daughter's account with financial aid excess of his/her tuition and fees. I understand that any refund in excess of his/her tuition and fees will be made in a timely manner. I understand that if my student does not have an account with Campus Federal, then the student's refund will be mailed to his/her address. (**No Checks Will Be Disbursed in Accounting**.)

_____ _____
Parent's Signature Date

To be completed by the parent regarding the student:

If parent is denied – amount student requests to borrow: _____

If my parent is determined ineligible to borrow a parent plus loan, by my signature below, I request to borrow the amount listed above. I understand that any amount of loan I am awarded based on a denial of eligibility for my parents is subject to the annual and lifetime limits for my classification and degree program. I understand that this application is strictly for the Summer 2010.

_____ _____
Student's Signature Date

05/11/2010 REVISED