

CALVIN COLLEGE PLUS/GRAD PLUS LOAN REQUEST AND CERTIFICATION

Check this box if you are a Graduate Student applying for the Grad PLUS Loan (If so, please skip questions 1-4)

**PARENT (Borrower): Please complete the following:**

1. Full Name and Complete Address of **ONE** parent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

2. Social Security No.:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Date of Birth (MM/DD/YYYY):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Area Code/Telephone:

(\_\_\_\_\_) \_\_\_\_\_

5. Loan Amount Requested: \$ \_\_\_\_\_

6. Loan Period:  Fall  Spring  Both Semesters

For the academic year  09/10  10/11  11/12

7. Driver's License (State): \_\_\_\_\_

(Number): \_\_\_\_\_

8. U.S. Citizenship Status (Check One):

1. U.S. Citizen or National

2. Permanent Resident/Other Eligible Alien

If 2, Alien Registration Number: \_\_\_\_\_

3. Neither 1 nor 2

- Are you currently in default on a federal education loan, or do you owe a refund on a federal student grant?

(Check one)  Yes  No

- If you answered "Yes" to the question above, have you made satisfactory repayment arrangements?

(Check one)  Yes  No (If yes, please attach documentation.)

I understand that the proceeds from the PLUS loan will be applied to the student's tuition/room and board account.

I understand that should the proceeds of the PLUS loan result in a credit balance on the student's account, a check for the overpayment will be made available to the student.

I understand that repayments for PLUS loans disbursed after July 1, 2008 can be deferred. If I wish to defer payment I can contact Direct Loans at 800-848-0979.

Parent (Borrower) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT: Please complete the following:**

Student Name (please print): \_\_\_\_\_ ID# \_\_\_\_\_

I certify that either  1) I am registered with Selective Service **OR**  
 2) I am not required to register with Selective Service because:  
 I am female  
 I am a member of the armed forces on active duty.  
 I was born before 1960.  
 I am not a U.S. citizen or eligible non-citizen.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or fax this completed form to Calvin College.**