

**St. Mary's College of Maryland**  
**Federal Direct PLUS Loan Request Form 2016-17**

**Direct PLUS Loan Application Process:**

1. Student accepts PLUS loan on the College web Portal (<https://seahawks.smcm.edu/ics/>).
2. Borrower submits this completed request form to the Office of Financial Aid.
3. Borrower uses FSA ID to log into <https://StudentLoans.gov> and completes PLUS Request Process. This will enable the Department of Education to perform your credit check. **(A credit check is required for first time AND returning borrowers).**
4. Complete the Master Promissory Note, also through <https://StudentLoans.gov>. **(First time borrowers only).**
5. Graduate Plus loan borrowers must also complete the GRADPLUS Entrance Counseling at <https://StudentLoans.gov>.

**Student Information**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Borrower Information**

Check type of loan: \_\_\_\_\_ Parent PLUS (Parent is *borrower*) \_\_\_\_\_ Graduate PLUS (Grad Student is *borrower*)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ U.S. Citizen \_\_\_ Yes \_\_\_ No If No, provide Alien Registration #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Driver's License #/State: \_\_\_\_\_

Address: \_\_\_\_\_

**Loan Information**

Requested PLUS Loan amount for 2016-17 Year \$ \_\_\_\_\_ -or-  I would like to borrow the maximum amount as indicated on Award Letter.

Academic term(s) for which loan is requested (check ONE): \_\_\_\_\_ Fall & Spring \_\_\_\_\_ Fall Only \_\_\_\_\_ Spring Only \_\_\_\_\_ Summer Only  
\_\_\_\_\_ GR01 \_\_\_\_\_ GR02 \_\_\_\_\_ GR03 \_\_\_\_\_ GR04

**Check below the ONE option in the event the PLUS Loan is denied due to the credit check:**

\_\_\_\_ Offer the student additional Direct Unsubsidized Stafford loan funds in the amount he/she is eligible to borrow.

\_\_\_\_ Borrower will obtain an endorser (creditworthy co-signer) and/or appeal the decision.

\_\_\_\_ Cancel PLUS Loan request.

**Certification:**

My signature below serves as my consent to the U.S. Department of Education and its agents to obtain a credit report and use that information in determining my eligibility for the Federal Direct PLUS Loan. I understand I will be notified in writing by the DOE of the results of the credit report with respect to my application.

I agree that after all charges on the student account are paid, any excess PLUS funds will be issued to the student in the form of a check or by direct deposit into any personal account designated through the Student Accounts Office.

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

Date: \_\_\_\_\_

**Please return form to: Office of Financial Aid, 18952 E. Fisher Road, St. Mary's City, Maryland 20686-3001**  
**Fax: 240-895-4959 • Email: [finaid@smcm.edu](mailto:finaid@smcm.edu)**