

2024-2025 PLUS Application

Student Information

FIRST NAME _____ LAST NAME _____ MI _____ STUDENT ID NUMBER _____
BIRTHDATE _____ PHONE _____

Parent Information

FIRST NAME _____ LAST NAME _____ MI _____ SSN _____
ADDRESS _____ BIRTHDATE _____
CITY _____ STATE _____ ZIP CODE _____ PHONE _____
DRIVER LICENSE # (copy must be attached) _____ DL STATE _____ PARENT EMAIL ADDRESS _____
Are you a United States Citizen?
☐ Yes ☐ No
IF NO, LIST ALIEN REGISTRATION NUMBER _____
RELATIONSHIP TO STUDENT _____

Parent Employer Information

PARENT EMPLOYER _____ EMPLOYER PHONE # _____
ADDRESS _____ EMPLOYER FAX # _____
CITY _____ STATE _____ ZIP CODE _____

Loan Request - Current PLUS Interest Rates are TBA%

Please select what semester you want the loan processed for.

☐ Fall 2024 ☐ Spring 2025 ☐ Fall 2024 & Spring 2025 ☐ Summer 2025 *not accepted until registration opens

List the amount you wish to borrow

Note:

An Origination fee will be withheld from loans. If you select to increase for more than one semesters/term the amount you request will be split equally to allocate for each semester. Additionally, any request for a semester shown above that is submitted after the last class day of that semester will be voided.

Loan Information

1. A credit check must be processed prior to approval of a PLUS loan. The Financial Aid Office will perform this credit report check once this application is submitted.
2. You must complete a PLUS Master Promissory Note in order for our office to disburse any funds. You will complete and sign the MPN online at www.studentloans.gov using your FSAID.
3. Once the LSUA Financial Aid Office has received your application we will forward additional information to the students LSUA e-mail and to the parent e-mail listed above. This information includes the Privacy Act Disclosure Notice (also available at sfa.lsua.edu/financial-aid/resources/forms-index) and important information regarding PLUS loans. Please be sure the e-mail listed above is valid and monitored frequently.

Certification & Signature

Each person signing below certifies that all of the information reported is complete and accurate. **Warning:** If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student Signature (handwritten)
A typed signature is not acceptable.

Date

I consent to having this loan applied towards my students fee bill, if approved, and any remaining funds will be designated below.

I consent to having the U.S. Department of Education and its agents review my credit report and use the information from the report to determine whether to award a Federal PLUS loan to me. I understand I will be notified in writing of the results of the credit check. I also attest I will read and agree to all the information included with this form, including the Privacy Act Disclosure Notice. If I have any questions, or do not fully understand any information, I understand it is my responsibility to contact the financial aid office at LSUA.

I will submit a copy of my ID to verify the below signature. I understand this application will not be processed unless provided.

Refund certification Parent - Choose one of the below options

- ☐ I authorize any excess PLUS loan funds to be sent to the student on this application once all charges are paid.
- ☐ I authorize any excess PLUS loan funds to be sent to me, the **PARENT** on this application once all charges are paid, to the address listed below:

Mailing address

CITY

STATE

ZIP CODE

Parent Signature (handwritten)
A typed signature is not acceptable.

Date

Please e-mail us with any concerns or questions at: Financialaid@lsua.edu