# BLESSING-RIEMAN
## College of Nursing & Health Sciences

# Federal Direct PLUS Loan Data Sheet

**Parent Borrower Information:**

**Parent Name:** _____

**Last 4 of SSN:** _____  **Email Address:** _____

**Address:** _____  **City, State, Zip:** _____

**Student Information:**

**Student Name:** _____

**Last 4 of SSN:** _____

## Loan Period
Please check an option below indicating the intended loan period for this loan request.

☐ Fall 2023/Spring 2024 (year loan) ☐ Fall 2023 (Only) ☐ Spring 2024 (Only) ☐ Summer 2024 (Only)

## Requested Loan Amount

Please indicate your requested loan amount below. We recommend that you always borrow conservatively. We will always process subsidized loans first; if you do not qualify for a subsidized loan, we will automatically process an unsubsidized loan.

**Requested Loan Amount: $**_____

## PLUS Loan Requirements

1. Complete PLUS Application (credit check) online at www.studentaid.gov.
   (Required each academic year.)
2. Complete a Federal Direct Loan Program Master Promissory Note online at www.studentaid.gov.
   (Required for <u>ALL first-time</u> borrowers.)
3. Complete this PLUS Loan Data Sheet and return to the BRCN Financial Aid Office.

## Certifications & Signature

I certify that I have read and completed all requirements indicated on this PLUS Loan Data

Sheet. I authorize BRCN to certify and disburse the above requested amount.

_____     _____

Parent Borrower Signature of Legal Name          Date