



Elizabeth City State University
Office of Student Financial Aid and Scholarships
Campus Box 914
1704 Weeksville Road
Elizabeth City, NC 27909

**Direct Parent
PLUS Loan
Application**

Student ID: 9 _____ Student Name: _____

Student Email Address: _____ @mail.ecsu.edu Phone: _____

The omission of any information below may delay the processing of this loan.

Parent Name (last, first, middle initial): _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

Parent Email Address: _____ @ _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License State and Number: (Please submit a copy) _____

I certify that I am either the biological or legally adoptive parent, or legal step-parent, of the student listed above.

Yes No - **STOP!** You are not eligible to apply for a PLUS loan.

US Citizen Permanent Resident or Other Eligible Alien

Alien Registration Number: _____

Are you (the parent borrower) in default on a federal education loan or do you owe a refund on a federal student grant?

Yes No

Amount to Borrow:

Fall Semester: \$ _____ Spring Semester: \$ _____ Summer Semester: \$ _____

In the event that the proceeds of the Federal Parent PLUS Loan are greater than the amount due on the student's account, please select one option below:

- Apply any credit balance as a result of the PLUS Loan to my son/daughter's following semester
- Refund any credit balance as a result of the PLUS Loan to my son/daughter named above
- Refund and mail any credit balance as a result of the PLUS Loan to the borrower

My signature below authorizes the United States Department of Education to perform a credit check. I understand that the specifics of my credit acceptance or rejection will not be released to the university by the credit bureau.

Parent Signature: _____

Date: _____