09-10 LOAN

P L U S

Please return to:
Pittsburg State University
Office of Student Financial Assistance
1701 S. Broadway, Pittsburg, KS 66762
(620) 235-4240 or (800) 854-PITT
fax 620-235-4078

NAME_____

STUDENT I.D. NO._____

This statement must be completed and returned to the Office of Student Financial Assistance before your PLUS Loan application can be completed.

Statement of Educational Purpose
Program Year 2009-2010

I certify that I do not owe a refund on any Title IV grant, am not in default on any Title IV loan, and have not borrowed in excess of the loan limit, under the Title IV programs at any institution. All Title IV money received will be used only for expenses related to educational study at Pittsburg State University.

By signing below, I authorize the school to release the disbursements of my education loan made via Electronic Fund Transfer (EFT). I also authorize the school to apply the loan proceeds as appropriate to the cost of attendance corresponding to the enrollment period for which the loan is intended.

Please indicate below where you would like remaining proceeds to be sent:

____ **Refund to Parent** (Please Print) **Name:** _____
Mailing Address: _____

____ **Return refund to student** _____

I acknowledge that this authorization is for the release of loan proceeds that I must repay.

Loan Period: (please circle one)

$_____ **Fall/Spring** **Fall Only**
Requested Amount (DO NOT LEAVE BLANK) **Spring Only** **Summer**

_____ _____
Parent's Signature Date

_____
Parent's Name (Please Print)

_____ _____
Student's Signature Date

_____
Student's Name (Please Print)

Provide your lender information below and return this form to the Office of Student Financial Assistance. PLEASE COMPLETE ALL REQUESTED INFORMATION FOR LENDER.

Lender Name **Lender Code**

Lender Address **Lender Telephone No.**