

## PLUS LOAN CERTIFICATION

## 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  
Email: [finaid@pittstate.edu](mailto:finaid@pittstate.edu)

STUDENT NAME. \_\_\_\_\_

PSU STUDENT I.D. \_\_\_\_\_

The student **MUST** file **the FAFSA** before a PLUS loan can be processed.

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

**I (the parent) acknowledge this is a loan in my name that I will have to repay.**

**This form will be used as your consent for the Office of Financial Assistance to complete a credit check.**

## Statement of Educational Purpose

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 disbursement 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.

**PARENT BORROWER INFORMATION** (Please print)

Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Email Address \_\_\_\_\_ Relationship to Student \_\_\_\_\_

U.S. Citizen, U.S. National or Eligible Noncitizen ? ☐ YES ☐ NO If NO, Alien Registration # \_\_\_\_\_

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

\_\_\_\_\_ **Return refund to student** \_\_\_\_\_ **Refund to parent at address listed above**

In the event that your loan is denied would you be interested in obtaining an endorser or appealing the decision? ☐ YES ☐ NO

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

**Loan Period:** (Please check one.)

\$ \_\_\_\_\_

\_\_\_\_\_ **Fall/Spring** (Funds split evenly between the two semesters)

**Requested Amount (DO NOT LEAVE BLANK)**

\_\_\_\_\_ **Fall Only** \_\_\_\_\_ **Spring Only** \_\_\_\_\_ **Summer**

☐ I have already completed a Direct Loan Master Promissory Note.

☐ I will complete the Direct **PLUS** Loan Master Promissory Note. (**Must be completed by the parent listed above before any funds will be disbursed**) [www.studentaid.gov](http://www.studentaid.gov)

☐ I have completed the Annual Student Loan Acknowledgement at [www.studentaid.gov/ASLA](http://www.studentaid.gov/ASLA). **Must be completed annually** before loan funds are disbursed.

Parent's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Student's Signature \_\_\_\_\_

\_\_\_\_\_ Date