

# Colby Community College PLUS Loan Request Form (Addendum to the Direct Loan Promissory Note)

Parent Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Local Phone \_\_\_\_\_

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Local Phone \_\_\_\_\_

**Two complete references are required.** References must reside in different U.S. households with different phone numbers. We prefer parent as first reference for all students, but will accept other adult family members. Do not list your spouse as a reference.

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_ City, State, & Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

My signature on this form confirms that I have received information about the Federal PLUS Direct Loan Program and been given an opportunity to request clarification of the terms used on this form. I understand this is ***NOT*** a promissory note. It ***DOES*** contain specific instructions to the Colby Community College Financial Aid personnel to be used in certification of the Federal PLUS Direct Loan requested on the Master Promissory Note.

Parent Initials \_\_\_\_\_

This signed form fulfills government requirements for **affirmative active confirmation** and the school is permitted to originate and disburse loan amounts.

Parent Initials \_\_\_\_\_

I also understand that my signature is an **AUTHORIZATION** allowing Colby Community College to use said loan funds to pay any of the following: Tuition, fees, room and board, and other current charges for educationally related expenses such as bookstore charges, dorm fines and other assessed educational fees. I have been informed that this authorization is in effect for the entire 2018-2019 school year unless I notify the Financial Aid Office in writing to cancel one or more of the above components.

Parent Initials \_\_\_\_\_

**Indicate total amount of student loan you are requesting for the 2018-2019 school year \$ \_\_\_\_\_**

\_\_\_\_\_  
**Borrower's Signature**

\_\_\_\_\_  
**Date**

**RETURN TO COLBY COMMUNITY  
COLLEGE FINANCIAL AID OFFICE**

CCC Office Use Only	
HS Transcript	_____
Credit Check	_____
MPN	_____