



# Parent PLUS Loan Application Instructions

## About

Application to request Federal Direct PLUS loan for parents to authorize school to use funds to satisfy educationally related charges.

## Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide the information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, Federal Register, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employees and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20

U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

## How to Submit:

Sign and return this with any required documentation to:

Grayson College Financial Aid Office.  
6101 Grayson Drive • Denison TX, 75020-8299

Email: [financialaid@grayson.edu](mailto:financialaid@grayson.edu)

Fax: 903.463.3908



Grayson College Financial Aid

# Parent PLUS Loan Application 2025-2026

Application to request Federal Direct PLUS loan for parents to authorize school to use funds to satisfy educationally related charges.

\* = required field

## Student Information

Student Name\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Student ID\* \_\_\_\_\_ Phone Number\*: \_\_\_\_\_

Date of Birth (m/d/yyyy)\* \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Student Address

Street Address\*: \_\_\_\_\_

City, State, and Zip Code\* \_\_\_\_\_

## Parent Information

Parent Name\*: \_\_\_\_\_ Parent Phone Number\*: \_\_\_\_\_

Parent Social Security Number\* \_\_\_\_\_ Is parent US Citizen\*? Yes No

Parent Date of Birth (m/d/yyyy)\* \_\_\_\_\_ Driver's License Number\*: \_\_\_\_\_

Parent Email\*: \_\_\_\_\_ State Issued ID Number\*: \_\_\_\_\_

## Parent Address

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State (Postal Code) \_\_\_\_\_ Zip Code \_\_\_\_\_

## Loan Amount Requested

Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

Who does the parent request the remaining funds be refunded to?

Parent

Student

Which address should the remaining funds be sent to?

Parent

Student

## Parent Authorization

- I understand there is no Grace Period for a Direct PLUS Loan.
- I understand that I must complete my MPN at <https://studentaid.gov> or loans will not be processed.
- I understand the repayment period begins 60 days after the last disbursement of the loan.
- I understand my credit will be checked and must be approved in order to receive an award.
- I understand the award if approved will be placed on the students account and the student must accept award(s) through their MyViking account under My Financial Aid.
- I understand students must be enrolled in 6+ hours to receive awards and disbursements or they may be cancelled.
- I understand I must take exit counseling if the student drops below six hours, withdraws, or graduates at <https://studentaid.gov>.
- I understand in order to receive a PLUS loan the student must meet Financial Aid Satisfactory Academic Progress (SAP).
- I understand the amount requested cannot be more than the student's cost of attendance and financial need.

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

## Consent to Obtain Credit Report

I consent to the U. S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_ Date of Birth (MM/DD/YYYY)\*: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Borrower Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

## Adverse Credit History Statement

A parent, graduate student, or professional student who has an adverse credit history (as defined in the Direct Loan Program regulations) is not eligible to receive a Direct PLUS Loan unless he or she (1) documents to the satisfaction of the Department of Education that there are extenuating circumstances, or (2) obtains an endorser for the loan who does not have an adverse credit history. PLUS loan borrowers with an adverse credit history are required to **complete entrance counseling** at <https://studentaid.gov>.

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

## Signatures

Student Printed Name\*: \_\_\_\_\_

Student Signature ☒ \_\_\_\_\_ Date (mm/dd/yyyy)\* \_\_\_\_\_

Parent Printed Name\*: \_\_\_\_\_

Parent Signature ☒ \_\_\_\_\_ Date (mm/dd/yyyy)\* \_\_\_\_\_

By my signature, I hereby acknowledge that I have read and understood the general information steps and requirements as outlined on the Parent PLUS loan application. By my signature, I hereby authorize Grayson College to process my PLUS loan(s) and hold a credit balance to my dependent student's account at Grayson College. At the time that the funds become available, I authorize payment of any balance (tuition/fees/books/misc. educational expenses) owed to GC. All unused funds will be disbursed in a minimum of two disbursements each semester starting approximately 5 days after the first day of class.

Please fill and sign completed form, and return to :

Grayson College Financial Aid Office.

6101 Grayson Drive • Denison TX, 75020-8299

Email Forms to: [financialaid@grayson.edu](mailto:financialaid@grayson.edu)

Fax forms to: 903.463.3908

**Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.**

### Office Use Only

Loan Period: _____ to _____	COA: <input type="checkbox"/> 4.5 <input type="checkbox"/> 9 <input type="checkbox"/> 12	SAI: _____
Credit Check Passed: <input type="checkbox"/> Yes <input type="checkbox"/> No	COA Adjustments: _____	Remaining Eligibility _____
SAP: <input type="checkbox"/> Good <input type="checkbox"/> AP <input type="checkbox"/> Warn <input type="checkbox"/> Susp.	Total Awards: _____	Loan Amount Awarded: _____
<input type="checkbox"/> Independent <input type="checkbox"/> Dependent	Unmet Need: _____	FAO: _____ Date _____
Docs Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes _____	