



Office of Financial Aid
finaid@tctc.edu--864-646-1890 (Fax)

P.O. Box 587
Pendleton, SC 29670

2016-2017 FEDERAL PARENT PLUS LOAN AFFIRMATION

- **Step 1:** Complete the FAFSA (www.fafsa.gov)
- **Step 2:** Complete and return the information on this form ("PLUS Loan Request Form") to the Office of Financial Aid
- **Step 3:** Request a PLUS Loan through the Direct Loan website at <http://studentloans.gov>. This will enable the Department of Education to perform your credit check.
- **Step 4:** Complete the PLUS Master Promissory Note also through the Direct Loan website at <http://studentloans.gov>.

Student's Information

Student's name _____
Last First M.I.

Student's Identification Number: T_____

Parent Borrower's Section

Parent Borrower's name _____ Parent's social security # _____
Permanent address _____ City _____ State _____ Zip _____

Permanent phone # _____ Parent's date of birth _____

Parent's citizenship status: U.S. Citizen Eligible non-citizen Alien Registration Number _____

Parent's email _____

Parent's Driver's License Number _____ Parent's Driver's License State _____

Loan is requested for: Fall/Spring Fall term only Spring term only Summer term only

PLUS Loan Amount Requested: \$ _____ (form will not be processed if left blank or no dollar amount provided) There is a fee of 4.272% (subject to change) retained by the government.

*This amount cannot exceed the student's cost of attendance minus other aid awarded. If you request a loan amount greater than your eligibility, the loan will automatically be reduced to the maximum amount eligible. If the loan amount is reduced an e-mail will be sent to the student's eTC account. It will be student's responsibility to communicate this with the parent.

Parent Borrower Signature: _____ Date: _____

***NOTE:** Parent signature acknowledges you (parent) have read the Federal Privacy Act Disclosure Notice on the reverse of the form.

PLEASE READ and COMPLETE REVERSE SIDE

DENIED PARENT PLUS LOAN - Allows the student to apply the additional Federal Direct Unsubsidized Loan. Additional loan limits for dependent freshman or sophomore students is up to \$4000 per year.

I, _____ the student, wish to borrow \$_____ (not to exceed \$4000).
(print name)

This amount may be adjusted by the Financial Aid Office depending on the cost of attendance budget minus any other aid received. You cannot be awarded more than the cost of attendance budget. This loan is in the student's name and will start to accrue interest at time of disbursement.

Student Signature (required) _____ Date _____

***NOTE:** Student signature acknowledges you (student) have read the Federal Privacy Act Disclosure Notice below.

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 this 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 employers 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 the 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 where 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. 1090(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 loans(s) so that data may be recorded accurately.

Return form to: Tri County Technical College; Financial Aid Office; P O Box 587; Pendleton SC 29670
We accept documents in person, by postal mail, fax, and PDF emails ONLY.