

# 2019–20 Federal PLUS Loan Application

## Instructions

- ☐ Return this form to Financial Aid at the address below, email it to [financialaid@clarkssummitu.edu](mailto:financialaid@clarkssummitu.edu), or fax it to 570-585-9366.
- ☐ Sign your Master Promissory Note (MPN) online at [studentloans.gov](http://studentloans.gov).

Student Name Rebekah R Mccoll Last 4 digits of SSN 5897  
Parent Name Alan McColl SSN 320-54-4681  
Street Address 7807 Little Ridge Ct  
City/State/Zip Chesterfield, VA 23832  
Home Phone 804-747-3842 Mobile Phone 804-677-4258  
Date of Birth 09/20/1957 Email mccoll.alan@gmail.com  
Driver's License A63674121

US Citizen: ☒ yes ☐ no

Amount requested \$ 7000

- Origination Fee: 4.248%.
- Interest: 7.08% fixed rate.
- Student must be enrolled at least half time.

Loan requested for: *(check one box only)*

- ☒ Fall 2019 and Spring 2020 *(amount is divided equally)*
- ☐ Fall 2019
- ☐ Spring 2020
- ☐ Summer 2020

## Statement of Understanding

I authorize Clarks Summit University to forward my request for the federal PLUS loan to the Department of Education for approval. I understand that the Department of Education will conduct a credit check and that I must sign my Master Promissory Note at [studentloans.gov](http://studentloans.gov) for my loan to be processed.

Parent Signature \_\_\_\_\_ Date 07/22/20019

### Office use only

Date Received	MPN Status	Contact Date	Date disbursed
SAP Status	Approval Status	Date added to CV	Initials