Summer 2011
PLUS Request Form

The information collected on this form, in addition to an Approved PLUS application from the U.S. Department of Education, are needed to complete the PLUS application process. Please complete this form, sign at the bottom, and submit it to the Financial Aid Office. **PLEASE PRINT!**

Student Name_____ SSN _____

Parent Name _____ SSN _____

Parent's Address _____ Phone _____

_____

Summer Session 2011 Questions: How much do you want to borrow for Summer Session? $_____

How would you like us to disburse your PLUS Loan funds? (Select one)

_____ Apply the PLUS funds to my son/daughter's FDLTCC account and give them any balance.

_____ Apply the PLUS funds to my son/daughter's FDLTCC account and mail any balance to me at the address listed above.

_____ Do not apply the PLUS funds to my son/daughter's FDLTCC balance owed. Mail the funds directly to me at the address listed above

_____ _____

Parent Signature Date

MAIL OR FAX THIS COMPLETED AND SIGNED FORM TO:

FDLTCC Financial Aid Office ~ 2101 14th Street ~ Cloquet, MN 55720 -or- FAX: (218) 879-0814

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