

Transmitted by:

Date:

## 2010-2011 Federal Direct PLUS Loan Application

Parent (Borrower) Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Borrower's Date of Birth: \_\_\_\_\_ Driver's License State/Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Driver's License State/Number: \_\_\_\_\_

Check **ALL** programs from which the student will receive funds from this academic year (2010-2011).  
**FAILURE TO DISCLOSE ALL PROGRAMS COULD RESULT IN LOSS OF ELIGIBILITY FOR LOANS AND OTHER AID.**

\_\_\_\_\_ Pell Grant      \_\_\_\_\_ Federal SEOG      \_\_\_\_\_ Federal Work-Study      \_\_\_\_\_ Other

\_\_\_\_\_ VA Benefits      \_\_\_\_\_ Scholarship      \_\_\_\_\_ WIA, TRA, or TAA

I want to borrow a total of \$ \_\_\_\_\_ for the 2010-2011 award year at ESCC. These funds are to be used to cover my dependents' educational expenses for the following term(s) (please circle your choice/s):

Fall 2010

Spring 2011

Summer 2011

I understand that if I borrow for a single term, the loan will be disbursed in two equal payments (one at the beginning and one at the midpoint of the term).

I understand that I must complete an entrance interview and a credit check by visiting the federal loan website at <https://studentloans.gov> before ESCC will process my PLUS application. I hereby certify that all the information pertaining to my application for federal student financial aid, including this loan, is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact the ESCC Financial Aid Office at 334.347.2623 extension 2214 immediately if you have any questions or concerns about anything you read or received as a result of your entrance counseling session. Our office is located in the L. B. Wallace Student Center Building, Room 102, on the ESCC campus in Enterprise, Alabama.

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For ESCC Use Only:

COA \_\_\_\_\_ -All Financial Aid \_\_\_\_\_ = Loan Amt approved \$ \_\_\_\_\_

Enrollment status (hours) \_\_\_\_\_ SAP status \_\_\_\_\_