

**FAULKNER UNIVERSITY GRAD PLUS LOAN**  
**INFORMATION SHEET**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

**Student Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Campus Attending Main \_\_\_ Bir \_\_\_ Hunt \_\_\_ Mob \_\_\_ MEP \_\_\_ Other \_\_\_\_\_

I am applying for a total of \$ \_\_\_\_\_ in parent loan funds from the Federal PLUS Loan Program. **(This amount MUST be filled in.)** These funds are needed to cover my student's educational expenses for the following term(s):

Summer 2009 \_\_\_\_\_ Fall 2009 \_\_\_\_\_ Spring 2010 \_\_\_\_\_ Summer 2010 \_\_\_\_\_

I understand that I have the right to cancel all or any of my loans and to have the loan proceeds returned to the bank. I can do this by notifying the Financial Aid Office by mail, e-mail, or telephone no later than 5 working days after each disbursement date of my loan.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**NO LOAN(S) WILL BE PROCESSED WITHOUT THIS FORM**  
**FINANCIAL AID OFFICE USE ONLY**

Grade Level \_\_\_\_\_ Enrollment Status \_\_\_\_\_ Completion Date \_\_\_\_\_

Loan Period \_\_\_\_\_ Lender \_\_\_\_\_ New or Serial \_\_\_\_\_

COA \_\_\_\_\_ - Aid \_\_\_\_\_ = Total Loan Amount Certified \_\_\_\_\_

**Disbursement Dates and Amounts**

1. \_\_\_\_\_ Amount \_\_\_\_\_

2. \_\_\_\_\_ Amount \_\_\_\_\_

3. \_\_\_\_\_ Amount \_\_\_\_\_

4. \_\_\_\_\_ Amount \_\_\_\_\_

12/16/08