

FEDERAL STAFFORD & PLUS SUPPLEMENTAL LOAN REQUEST FORM FOR PRIOR BORROWERS



For borrowers who had previously declined or cancelled a loan and want to reapply, students who borrowed a loan while at another institution, or students/parents who would like to increase the amount of a current loan because of increased eligibility. This form is not used for borrowers who have not completed a MPN.

PLEASE COMPLETE FORM IN INK AND PRINT LEGIBLY.

STUDENT'S LAST NAME (LEGAL NAME)		FIRST NAME	MI
STUDENT ID#	EMAIL ADDRESS	TELEPHONE NUMBER	

PARENT'S INFORMATION (This section to be completed ONLY for Parent Loan - PLUS)

PARENT'S LAST NAME (LEGAL NAME)		FIRST NAME	MI
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	TELEPHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH	STATE OF PARENT'S DRIVERS LICENSE	PARENT'S DRIVER'S LICENSE NUMBER	

LENDER (For prior Stafford or PLUS borrowers from another institution):

AMOUNT OF FEDERAL STAFFORD/PLUS LOAN REQUESTED:

Indicate the **total additional amount** you want for the year (**not semester amounts**). Please note: Loan amounts will be disbursed equally for each semester. The loan amount you are eligible for may be less than requested.

\$

CERTIFICATION STATEMENT:

I understand that this loan request will be certified with my previous lender, as I am encouraged to continue with the same lender throughout my academic career. Depending on demonstrated need, I understand that my Federal Stafford Loan may be Subsidized, Unsubsidized, or a combination of the two. As a prior borrower, I hereby authorize Point Loma Nazarene to claim my Stafford loan on EDFUND WebApp. I, also, hereby authorize PLNU to transfer loan proceeds received by Electronic Funds Transfer (EFT) to the student's account at PLNU. The information on this form is true and complete to the best of my knowledge. I understand and agree to the policies and procedures of this Federal loan program and Point Loma Nazarene University.

STUDENT'S SIGNATURE (For Stafford ONLY) _____

DATE _____

PARENT'S SIGNATURE (For PLUS ONLY) _____

DATE _____

FOR OFFICE USE ONLY

Unsubsidized Loan Amount \$ Subsidized Loan Amount \$ PLUS Loan Amount \$

FAO SIGNATURE _____

DATE _____

Rev. 07/27/07 md

Please Return Completed Form to Your PLNU Regional Center:

PLNU Arcadia
225 E Santa Clara St.
Arcadia, CA 91006
Phone: 626.821.8240
Fax: 626.821.8249

PLNU Bakersfield
5080 California Ave., Ste. 104
Bakersfield, CA 93309
Phone: 661.321.3485 or 3484
Fax: 661.321.3489

PLNU Inland Empire
495 E Rincon St., Ste. 204
Corona, CA 92879
Phone: 951.273.7568
Fax: 951.735.0072

PLNU Mission Valley
4007 Camino del Rio S., Ste. 304
San Diego, CA 92108
Phone: 619.563.2845 or 2849
Fax: 619.563.2898