



**HAMLIN**  
UNIVERSITY

# FEDERAL PARENT PLUS LOAN REQUEST FORM 2009–2010

## **BORROWER (PARENT) INFORMATION** *To be completed by the parent*

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Citizenship Status:  United States Citizen  Eligible Non-Citizen

**Amount of PLUS Loan requested for 2009–2010** (Please refer to Award Letter) \$ \_\_\_\_\_

*Your PLUS Loan amount will be divided equally by the number of terms for which your PLUS Loans are awarded.*

### **From which lender would you like to borrow your PLUS Loan?**

*Please refer to the Hamline University PLUS Lender List located online at [www.hamline.edu/fa](http://www.hamline.edu/fa).*

Lender \_\_\_\_\_ Lender Code \_\_\_\_\_

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

*By signing above, I certify that I am 1. the biological or adoptive parent or 2. the spouse of a parent and my income was reported on the FAFSA.*

## **STUDENT INFORMATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

Citizenship Status:  United States Citizen  Eligible Non-Citizen

Please retain a copy for your records and return or fax a copy to:

**Hamline University Financial Aid Office, MS-C1915, 1536 Hewitt Avenue, Saint Paul, MN 55104**

Phone: 651-523-3000, Toll-Free: 800-888-2182, Fax: 651-523-2585