



OFFICE OF FINANCIAL AID
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*** = required field**

Application for Federal Direct Parent Loan for Undergraduate Students (FPLUS) 2026-2027

Under the Federal Direct Loan Program, your lender is the United States Government. You **MUST** complete a PLUS Master Promissory Note (MPN) before your loan can be disbursed. You must complete an electronic Master Promissory Note, using your FSA user id and password, at <https://studentaid.gov/mpn/>.

If you qualify for a Direct Loan, the excess funds will be disbursed to you in a check mailed to the address you provide on the application, or to your child if you so designate below. The Interest rate on the FPLUS loan for 2026-2027 is fixed at 9.07% (for the life of the loan). There is an origination fee of 4.228% that will be deducted automatically. Repayment of this loan begins within 60 days of disbursement. Please refer to <https://studentaid.gov/understand-aid/types/loans/plus> for more information on FPLUS loans.

Student Information Section

First Name: * _____ Last Name: * _____ Date of Birth: * _____

SS# XXX-XX- (last 4 digits only) * _____ Empl ID: * _____

Address: * _____

City: * _____ State: * _____ Zip: * _____

* _____
Student's Signature

* _____
Date

Parent Borrower Section

First Name: * _____ Last Name: * _____ Date of Birth: * _____

SS# XXX-XX- (last 4 digits only) * _____

Address: * _____

City: * _____ State: * _____ Zip: * _____

Are you the Parent Contributor on the Student's FAFSA? * ____ Yes ____ No

Parent Biographical Information

U.S Citizen: * ____ U.S Citizen ____ Eligible Non-Citizen / Permanent Resident**

Country of Birth: * _____ **Permanent Resident: Alien Reg. #A _____

Parent Biographical Information

Gender: * ____ Female ____ Male

Marital Status: (check one) * ____ Single ____ Married ____ Re-Married ____ Divorced ____ Widowed

Parent Contact Information

Email Address: * _____

Home Phone: * _____ Cell Phone: * _____

Please be advised that the student for whom you are borrowing must meet all federal loan eligibility requirements in order to apply/receive loan funds.

Select the Loan	Semester	Total Requested Amount	# of Credits	
☐	Summer 2026			
☐	**Fall 2026 / Spring 2027		<u>Fall</u>	<u>Spring</u>
☐	Fall 2026 Only			
☐	Spring 2027 Only			

** Fall/Spring loans will be split evenly between the two semesters

Certifications

I am the legal parent or step-parent of the student for whom I am borrowing.

I request any excess funds from this loan to be disbursed to me ☐ OR to my child ☐

* ☐ I certify that NEITHER I nor my child for whom I am requesting this loan are in default of any Federal Student Loan, nor do we owe a repayment of any Federal Title IV grant. I understand that this is a request form. In order to receive funds from this loan I must complete and sign a promissory note, either electronically or on paper. My signature below authorizes Medgar Evers College to deduct from these loan funds any outstanding balance owed to the college on my child's behalf.

* ☐ I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application

Privacy Act Disclosure Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct PLUS Loan. The information on this form will be used to determine your eligibility for a Direct PLUS Loan. The information in your file may be disclosed to third parties as authorized under routine uses in the Privacy Act notices called "Title IV Program Files" (originally published on April 12, 1994, Federal Register, Vol. 59 p. 17351) and "National Student Loan Data System" (originally published on December 20, 1994, Federal Register, Vol. 59 p. 65532). Thus, this information may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request. Because we request your social security number (SSN), we must inform you that we collect your SSN on a voluntary basis, but section 484(a)(4) of the HEA (20 U.S.C. 1091(a)(4)) provides that, in order to receive any grant, loan, or work assistance under Title IV of the HEA, a student must provide his or her SSN. Your SSN is used to verify your identity, and as an account number (identifier) throughout the life of your loan(s) so that data may be recorded accurately.

* _____
Parent Borrower's Signature

* _____
Date: