



2016-2017 FEDERAL DIRECT PARENT PLUS LOAN Supplemental Form (Loan for Parents)

Maine Maritime Academy
Financial Aid Office
Leavitt Hall
Castine, ME 04420
Tel: (207) 326-2205
Fax: (207)-326-2515

Step One

Complete this form and mail to MMA, Financial Aid Office, Leavitt Hall, Castine, ME 04420 **OR** fax to 207-326-2515 **OR** deliver to Financial Aid Office on 1st floor of Leavitt Hall. **Incomplete or illegible forms will not be processed.** To be eligible for the PLUS Loan, the student must be enrolled at least half time, filed a FAFSA and meet MMA's satisfactory academic progress requirements.

Step Two


The parent borrower must complete this supplemental form in addition to:

1. **Complete a PLUS Loan Master Promissory Note (MPN)** - the parent borrower must go to www.studentloans.gov and select "Complete New MPN for Parent PLUS Loans." The parent borrower will be required to use his/her FSA ID and password to complete the online MPN.
2. **Credit Check** - the parent borrower must go to www.studentloans.gov and complete the credit check.

(A) STUDENT INFORMATION		
Student Name (print clearly):	Student Social Security Number:	Student Date of Birth (Month/Day/Yr):
(B) PARENT INFORMATION		
Parent Name (print clearly): [must match MPN]	Parent Social Security Number: [must match MPN]	Parent D.O.B. (Month/Day/Yr): [must match MPN]
Physical Street Address: (If you have a P.O. Box, list both)		P.O. Box:
City:	State:	Zip Code:
		Parent Driver's License Number & State:
Area code/Telephone Number:		
Parent U.S. Citizenship Status: <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Eligible Non-Citizen	Requested Loan Amount is for what period of time? <input type="checkbox"/> Fall & Spring (Sept.-May) (recommended) <input type="checkbox"/> Fall Only <input type="checkbox"/> Spring Only	Requested Loan Amount: \$ _____

Consent to Obtain Credit Report/Consent

I hereby authorize the U.S. Department of Education or Maine Maritime Academy to conduct a credit check on my behalf and use the information in determining whether to approve a Federal Direct PLUS Loan for me. I hereby confirm that I wish to borrow the Requested Loan Amount stated above, from the Federal Direct PLUS Loan Program. I understand that if the amount I request exceeds the amount for which I am eligible, my loan amount will be reduced to the amount of my eligibility.

Parent Signature: 	Date:
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PLUS PROCEEDS IN EXCESS OF BALANCES DUE

I authorize MMA to retain any excess for past or future semesters which may exist after all allowable charges are covered:

- ☐ Yes
- ☐ No; please apply the proceeds of my PLUS loan to any balance due and refund any excess to me (the parent).
- ☐ No; please apply the proceeds of my PLUS loan to any balance due and refund any excess to my son/daughter.

You also have the right to rescind this authorization at any time by contacting the Director of Finance at MMA, Castine, ME 04420 (207-326-2243).