



Fulton-Montgomery  
Community College

Office of Financial Aid  
2805 State Highway 67, Johnstown, NY 12095  
(518) 736-3622---- FAX (518) 762-2882  
Website – [www.fmcc.suny.edu](http://www.fmcc.suny.edu)  
e-mail address – [finaid.mail@fmcc.suny.edu](mailto:finaid.mail@fmcc.suny.edu)

## PARENT PLUS LOAN WORKSHEET

### PARENT (Borrower) INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PERMANENT STREET ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ DRIVER'S LICENSE STATE \_\_\_\_\_ NUMBER \_\_\_\_\_  
CITIZENSHIP: \_\_\_ US CITIZEN \_\_\_ ELIGIBLE NON-CITIZEN \_\_\_ NON-CITIZEN  
ALIEN REGISTRATION # \_\_\_\_\_

### STUDENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Summer/Fall/Spring \_\_\_\_\_ Fall/Spring \_\_\_\_\_ Summer Only \_\_\_\_\_ Fall Only \_\_\_\_\_ Spring Only \_\_\_\_\_

### **LOAN ASSISTANCE REQUESTED**

I request the following loan type(s), to the extent, I am eligible:

**Federal Parent PLUS Loan**

I request a total amount under this loan type not to exceed:  
FMCC will certify my eligibility for the loan for which I am  
applying. The amount and other details of my loan(s) will be  
described to me in a disclosure statement which I will receive  
from my lender.

\$ \_\_\_\_\_ .00

PARENT (BORROWER) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*After calculating eligibility, certified loan amounts may be less than the amounts requested.**

**RETURN THIS FORM TO THE FMCC FINANCIAL AID OFFICE**

**Office Use Only:** Amount of Loan – Parent PLUS Loan \_\_\_\_\_  
Processed By \_\_\_\_\_ Date \_\_\_\_\_