



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)  
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## 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

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

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

I certify that I am the parent, legal step-parent or adoptive parent of the above mentioned student

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

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

Processed By \_\_\_\_\_ Date \_\_\_\_\_