



Office of Financial Aid
2805 State Highway 67, Johnstown, NY 12095
(518) 736-3622---- FAX (518) 762-2882
Website – www.fmcc.suny.edu
e-mail address – 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.

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****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 _____