DELAWARE
COLLEGE OF ART
AND DESIGN

DCAD

FOUNDED THROUGH A
CREATIVE PARTNERSHIP OF
PRATT AND THE CORCORAN

DIRECT PARENT PLUS LOAN APPLICATION

COMPLETE THIS FORM IF YOU WISH TO HAVE YOUR DIRECT LOAN CREDIT CHECKED.

A. Borrower's Information (pleases type or print clearly in blue or black ink):
PARENT REFERS TO THE DEPENDENT STUDENT'S NATURAL MOTHER OR FATHER, CUSTODIAL STEPPARENT OR ADOPTIVE PARTENT.

☐MOTHER ☐FATHER ☐STEPMOTHER ☐STEPFATHER

FIRST NAME MI LAST NAME

MAILING ADDRESS (NO PO BOXES)

CITY STATE ZIP CODE

HOME PHONE NUMBER CELL NUMBER EMIAIL ADDRESS

SOCIAL SECURITY NUMBER DOB MM / DD / YY

Are you currently in default on a federal education loan or owe a refund on a federal student grant? ☐YES ☐NO

B. Student's Information (please print clearly):

FIRST NAME MI LAST NAME

HOME PHONE NUMBER CELL NUMBER EMAIL ADDRESS

SOCIAL SECURITY NUMBER DOB MM / DD / YY

Year at DCAD 1st year 2nd year SPECIFY SCHOOL YEAR

Are you currently in default on a federal education loan or owe a refund on a federal student grant? ☐YES ☐NO

C. General Processing Information:

Total Parent PLUS Loan amount request: $_____

Issue any overpayment refunds to: ☐ Parent ☐ Student

Loan request for (check all that apply) ☐ Fall _____ Year ☐ Spring _____ Year ☐ Summer _____ Year

Planned enrollment (check all that apply) ☐ Fall _____ Year ☐ Spring _____ Year ☐ Summer _____ Year

D. U.S. Citizenship Status (check one):

U.S. Citizen Status: ☐ US Citizen or National ☐Permanent Resident or Eligible Non-Citizen _____ ☐ Neither

I certify that the information provided on this form is complete and correct to the best of my knowledge. I authorize DCAD to perform a credit check with the Department of Education to review my eligibility for the Direct Parent Plus Loan.

PARENT BORROWER'S SIGNATURE DATE

Send your completed form to the DCAD Financial Aid Office – ATTN Direct PLUS via fax or mail:
Fax: 302-792-7101 Mail: DCAD, 600 North Market St, Wilmington, DE 19801