

DIRECT PARENT PLUS LOAN PRE-APPROVAL FORM

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

A. Borrower's Information (please type or print clearly in blue or black ink):

PARENT REFERS TO THE DEPENDENT STUDENT'S NATURAL MOTHER OR FATHER, CUSTODIAL STEPPARENT OR ADOPTIVE PARENT.

MOTHER FATHER STEPMOTHER STEPFATHER

FIRST NAME _____ MI _____ LAST NAME _____

MAILING ADDRESS (NO PO BOXES) _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ CELL NUMBER _____ EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH MM / DD / YY _____

DRIVER'S LICENSE NUMBER _____ STATE _____

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 _____ DATE OF BIRTH MM / DD / YY _____

Year at DCAD 1st year 2nd year SPECIFY SCHOOL YEAR (EX:2011-12) _____

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:

Has or will your student filed their 2011-12 FAFSA? YES NO Total PLUS loan amount requested: \$ _____

Loan requested for (check all that apply) Fall _____ Spring _____ Summer _____
YEAR YEAR YEAR

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

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

US Citizen Status US Citizen or National Permanent Resident or Eligible Non-Citizen _____ Neither
ALIEN REGISTRATION # _____

Once the pre-approval is confirmed, DCAD will email a credit check outcome notice. Should the borrower's credit be approved, we will also provide instructions for applying for the Federal Direct PLUS Loan. If the credit check is declined, your student may be eligible for additional unsubsidized loan funds. Student must contact the DCAD Financial Aid Office to request additional loan funds which he/she may qualify for.

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: 302-622-8870 Mail: DCAD, 600 North Market St, Wilmington, DE 19801