

**2017-2018 PLUS LOAN  
AMOUNT REQUEST FORM**

**Parent Borrower Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Student Information**

Student Name \_\_\_\_\_ Student SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Parent Loan Amount Requested

\$

**For which semester(s) (check only one)**

☐

Fall 2017 & Spring 2018

☐

Fall 2017

☐

Spring 2018

☐

Summer 2018

**To Parent (Borrower):**

Please indicate below where you would like the refunded portion of the PLUS loan (if any) to be directed.

**CHOOSE ONE**

☐

Please refund any remaining PLUS loan amount to the student.

☐

Please refund any remaining PLUS loan amount to (me) the student's parent.

Parent address (if different than above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Borrower Signature (Parent) \_\_\_\_\_ Today's Date \_\_\_\_\_

**RETURN TO ACC FINANCIAL AID OFFICE, 665 JOHNSON STREET, ALPENA, MI 49707. FAX #989-358-7541.**

Any questions, contact 989-358-7286.