



2022-2023

**FEDERAL DIRECT PLUS LOAN WORKSHEET**

**You are eligible to apply for a Federal Direct PLUS loan for a dependent student if:**

- You are a U.S. citizen, U.S. national, or eligible non-citizen
- Your dependent student is enrolled or accepted for enrollment at least a half-time basis, and is making satisfactory progress in an eligible program.
- You, or the student, are not currently in default on a federal education loan or you do not owe a refund on a federal student grant, or, if you, or the student, is in default, you have made payment arrangements that are satisfactory to the holder of the loan

STUDENT SECTION (To be completed by the student)			
Last Name	First Name	MI	MGA ID #

**NOTE: All one-semester PLUS loans will be divided into two (2) disbursements. The second disbursement will be disbursed mid-point of the semester applied for.**

**If the PLUS application credit check is denied and my parent does not appeal or pursue an endorser, I would like to be processed for the MAX additional unsubsidized loan eligibility or \$ \_\_\_\_\_.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

BORROWER SECTION (To be completed by the parent)				
Last Name	First Name	MI	Social Security Number	
Permanent Address:		Telephone Number (    )		Loan Period <input type="checkbox"/> Fall, 2022 <input type="checkbox"/> Spring, 2023 <input type="checkbox"/> Summer, 2023
City	State	Zip Code	Driver's License Number/State	Date of Birth(MM/DD/YY)
<b>The parent MUST complete the PLUS Master Promissory Note (MPN) and PLUS loan counseling @ <a href="https://studentaid.gov/">https://studentaid.gov/</a></b>			Requested Loan Amount \$	
U.S. Citizenship Status (Check one and list ID number if applicable.) <input type="checkbox"/> Citizen/National <input type="checkbox"/> Eligible/Non-Citizen Alien ID#				
State of Legal Resident		Since(Month/Year)		

By my signature, I understand a credit check will be performed to determine my eligibility, I authorize Middle Georgia State University(MGA) to receive the proceeds of my Federal PLUS Direct Loan via the Electronic Funds Transfer (EFT) process and I authorize MGA to transfer the loan proceeds received by EFT to my dependent's student account. I understand that I may rescind this authorization at any time by providing written notification to MGA's Financial Aid Office ten (10) days prior to the expected disbursement date as provided in the "Notice of Loan Guarantee and Disclosure Statement" provided to me by lender/guarantor.

**THIS IS A LOAN THAT MUST BE REPAYED.** Repayment of both principal and interest begins within 60 days after the loan is fully disbursed.

Borrower's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Please return this completed form to one of our Financial Aid Offices in Macon, Cochran, Dublin, Eastman, and Warner Robins, Georgia, email to [financialaid@mga.edu](mailto:financialaid@mga.edu) OR fax to (478) 471-2790 (Macon), 478-934-3019 (Cochran, Dublin, Eastman), or 478-929-6787 (Warner Robins). If you have questions, please contact us at 478-387-0580 or visit our website at [www.mga.edu/financial-aid/index.php](http://www.mga.edu/financial-aid/index.php).*