NEOSHO COUNTY COMMUNITY COLLEGE

800 W 14th St Chanute, KS 66720 620.432.0330 Fax# 620.432.0447 900 E Logan St Ottawa, KS 66067 785.248.2839 Fax# 785.248.2830

finaid@neosho.edu

PARENT PLUS LOAN WORKSHEET

2024—2025

PARENT NAME:		First M. I.	
Parent SSN:	PARENT BIRTHDATE:		
STUDENT NAME:		First M. I.	
STUDENT SSN:	NCCC Stude		
Mark each semester during	which you wish to receive this lo	an:	
General Fall 2024	Spring 2025	Summer 2025	
Requested loan amount f	.00 (DO NOT LEAVE BLANK)		

Note—Your requested loan amount for the year will be split between the semesters you have marked for which you wish to receive this loan. If you request a loan for one semester the loan will disburse in two disbursements, the first disbursement occurring when courses certify, and the second disbursement occurs when the semester is at least 50% complete.

Please read and sign your agreement to the below statements:

- I understand the responsibilities incurred by me when obtaining a PLUS loan.
- I realize I am responsible for the repayment of my PLUS loan(s).
- I understand that I must complete Plus Entrance Counseling, Annual Student Loan Acknowledgment, and a Plus Master Promissory Note before my loan will be approved.
- I understand my student must have a certified enrollment status of at least six credit hours in each semester in which I obtain PLUS loan.

PLUS Borrower's Signature

Date

For Office Use Only:			
	Enrollment (full/	SIDS NSLDS	Budgets/Loan Fees
	• online/ALHE/NSG/TST)	POE Data	Loan Info (Ln Period, Disb, Lender, First?)
		Fa Hours:	Loan Period:
		COA:	Amount: