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## REQUEST FOR PARENT PLUS LOAN

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Loan Period (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Borrower (Parent) Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Borrower (Parent) SSN: \_\_\_\_\_

Borrower (Parent) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Borrower (Parent) Home Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Borrower (Parent) E-mail Address: \_\_\_\_\_

Borrower (Parent) Date of Birth (MM/DD/Birth Year): \_\_\_\_\_

Borrower (Parent) Requested Loan Amount: \_\_\_\_\_

Lender Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Lender Code (if known): \_\_\_\_\_

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Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Student SSN: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Date of Birth (MM/DD/Birth Year): \_\_\_\_\_

Send completed form to:     **NWTC Enrollment Services/Financial Aid**  
                                      **2740 West Mason Street**  
                                      **Green Bay, WI 54307-9042**  
                                      **\*\* Or fax to: (920) 498-6242**

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### School Use Only:

- Financial Aid File Complete
- Eligibility
- Certification Date: \_\_\_\_\_