## Dear Grad PLUS Loan Borrower:

Kettering College, including personal items for yourself you may request:					
Amount: \$	_ (or less)	Loan Period:	to		
In order to determine your Department of Education number following information:					
Name:(Last)					
Permanent Address		(First)		(M.I.)	
City:		State:	Zip:		
Date of Birth:		_ Social Security N	0		
Are you a U.S. Citizen? Y	/ N If NO,	alien registration #	Α		
Phone:()	Driver	s License #		St:	
Are you currently in default	t on a stude	nt loan or PLUS loa	an? Y/N		
PLUS Loan amount Reque	ested (up to	max eligibility): \$			
I consent to the U.S. Depa using the information from understand that I will be napplication	that report in	determining whether to m	ake a Direct PLUS	Loan to me. I	
Signature of Grad Student	Borrower		Tod	ay's Date	
Please return this form as soc	on as possibl		Kettering College of Medical Arts Financial Aid Office		
Phone: (937) 298-339 Fax: (937) 395-8338	99 ext.55682	3737 South	00		

A Federal Direct PLUS Loan can be used to cover expenses related to attending