



INDIANA UNIVERSITY KOKOMO

OFFICE OF SCHOLARSHIPS
AND FINANCIAL AID

Federal Direct Grad Plus Loan Application 2008-2009

Directions: This application is to be completed by a graduate student **only**. Please print all information and return the form to the Office of Financial Aid, KC 230, PO Box 9003, Kokomo, IN, 46904-9003

Student Information

Student's Last Name _____ First _____ Middle _____ Former Name _____

Student ID Number _____ Social Security Number _____ Birth date: _____
Month Day Year

Address _____ City _____ State _____ Zip Code _____ Driver's License number _____

(_____) _____
Phone Number E-mail Address

Are you a U.S. Citizen? (Check one only)

- Yes, I am a U.S. citizen
- No, but I am an eligible non-citizen. Alien Registration # _____
- No, I am not a U.S. citizen or eligible non-citizen

Please answer the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Were you born before January 1, 1985? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a veteran of the U.S. Armed forces | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you be enrolling in a graduate program for 2008-2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you an orphan or ward of the court? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have legal dependents? | <input type="checkbox"/> | <input type="checkbox"/> |

Statement of selective service registration status

I certify that I am registered with Selective Service: Yes _____ No _____

If no, check the appropriate statement:

- _____ I am a female
- _____ I am in the armed services on active duty (does not apply to the Reserves and National Guard who are not on active duty)
- _____ I have not reached my 18th birthday
- _____ I was born before 1960
- _____ I am a citizen of the Federal State Micronesia, or the Marshall islands, or a permanent resident of the Trust Territory of the Pacific Islands

State of legal residence _____ Date of residency _____

How many hours do you plan on enrolling for the following semesters? Fall _____ Spring _____

What program are you in? _____

Have you ever defaulted or are you currently in default on any educational loan? Yes _____ No _____

Employer _____ Employer's telephone number (_____) _____

Amount requesting \$ _____ Loan Period (check one) Fall and Spring Fall only Spring only
 Summer I & II Summer I only Summer II only

Certification: I authorize the Secretary of the U.S. Department of Education and its agents to investigate my credit record and report information concerning my credit to the proper persons and organizations.

Student's Signature Date

Please return completed grad plus loan application to the Office of Financial Aid.

For school official use only

This application has been approved by the Office of Financial Aid at Indiana University Kokomo in the amount of:
Yes \$ _____ No _____

If denied, reason for denial:

Email or letter was sent to the student: Yes _____ No _____

Financial Aid Officer Date

Any person who knowingly makes a false statement or misrepresentation of information pertaining to the PLUS Request Form shall be subject to cancellation of further financial assistance, liable for repayment of financial assistance received, and/or subject to penalties, including suspension or expulsion from the university, according to the Indiana University *Code of Student Ethics*. Applicants who purposely falsify draft registration status will be subject to fines or imprisonment, or both, under federal regulations. If required, the student must provide proof of draft registration compliance and/or proof of the accuracy of the financial data submitted.

Information on the Privacy Act and use of your Social Security Number

We use the information that you provide on this form to determine if you are eligible to receive federal student financial aid and the amount that you are eligible to receive. Sections 483 and 484 of the Higher Education Act of 1965, as amended, give us the authority to ask you and your parents these questions, and to collect the Social Security Numbers of you and your parents. We use your Social Security Number to verify your identity and retrieve your records, and we may request your Social Security Number again for these purposes.

Without your consent, we may disclose information that you provide to entities under a published "routine use". Under such a routine use, we may disclose information to third parties that we have authorized to assist us in administering the above programs; to other federal agencies under computer matching programs, such as those with the Internal Revenue Service, Social Security Administration, Selective Service System, Immigration and Naturalization Service, and Veterans Administration; to your parents or spouse; and to members of Congress if you ask them to help you with your student aid questions.

If the federal government, the U.S. Department of Education, or an employee of the U.S. Department of Education is involved in litigation, we may send information to the Department of Justice or a court or adjudicative body, if the disclosure is related to financial aid and certain conditions are met. In addition, we may send your information to a foreign, federal, state or local enforcement agency if the information that you submitted indicates a violation or potential violation of law, for which that agency has jurisdiction for investigation or prosecution. Finally, we may send information regarding a claim that is determined to be valid and overdue to a consumer reporting agency. This information includes identifiers from the record; the amount; status; and history of the claim; and the program under which the claim arose.