Cobleskill

Student Financial Services 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

Dear Parent:		
	loan or increase/decrease an existing loan, you must profine NY Cobleskill must complete a Master Promissory Note. Contact us with any questions.	
Thank You!		
Student's Name:	2. ID#:	
	☐ Full year ☐ Fall 2019 only* ☐ Spring 2020 only* ☐	
4. I am requesting to apply for / increase / decrease (circle one) the Parent PLUS Loan for the amount of		
3	Φ.	(equired)
PARENT BORE	ROWER INFORMATION: (Please print)	- ·
5. Parent's Social Security Number:		
6. Last Name:	First Name:	MI:
7. Street Address:		
8. City:	State: Zip:	
9. Date of Birth://	10. Phone Number: ()	-—
11. Citizenship Status: 🗖 U.S. Citizen 📮	Resident Alien, Alien # A	
12. Driver's License No:	State:	
13. Email address:	@@	
14. Are you (the parent) in default on a federal student loan? ☐ NO ☐ YES		
15. Who would you like the refund check (if any) from the Parent PLUS Loan to go to? \Box Parent \Box Student		
16. Would you like to defer loans while student is in school? ☐ NO ☐ YES		
17. Would you like to defer loans for an additional 6 months after student is enrolled less than half time?		
	□ NO □ Y	YES
	such as tuition and fees, campus room and meals and course raid cannot be used to cover non-institutional charges such as	
☐ With my signed authorization SUNY Cobleskii your signed authorization will remain in effect until	ill can apply my federal financial aid to non-institutional chargil you submit a written request to cancel it.	ges. If you agree
	n-institutional charges with federal financial aid, the student is Cobleskill will bill the student, holds and appropriate late fees	
Parent Signature		<u> </u>

* One semester loans will be disbursed to the college in two payments. This can delay a refund check, when applicable.