



PLUS Federal Direct Loan (Parent Loan) Mandatory Information Sheet: 2026-2027

If you need assistance completing this form please contact the Financial Aid Office at (585) 345-6900 or financialaid@genesee.edu

Completing this form and returning it to the GCC Financial Aid Office is the first step in obtaining a Stafford Loan. Please answer each question and complete any additional information as required!

IMPORTANT: The Master Promissory Note and Credit Check must be completed at <https://studentaid.gov> in order for any funds to disburse!

Student's Name: _____ Student ID/SSN: _____

- I am REQUESTING TO BORROW a Federal Direct PLUS Loan in the amount of \$ _____
- I wish to borrow money for the following semester(s): *Check only one box*
 - Fall and Spring 2026-2027 (Full Academic Year)
 - Fall 2026 (only)
 - Spring 2027 (only)
- Complete Direct PLUS Loan information with <https://studentaid.gov>.** This must be completed before any funds will be disbursed to the College. Log on <https://studentaid.gov>, sign in (using the FSA ID). Select **Apply for a Parent PLUS loan**, and then log in using your (parent) FSA username and password. Complete all **four** sections including the **Credit Check Section**. If approved, select **Complete an MPN**. Complete all **four** sections of the MPN. If denied, have student contact the Financial Aid Office to request additional loan money if needed.

Parent Information Section (required):

Parent Name: _____ Parent SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Date of Birth: _____

Parent's Driver's License Number: _____ State of Issue: _____

Parent Email Address: _____

Parent is a: U.S. Citizen/National Eligible Non-Citizen – Alien ED#: _____

I understand that a Parent PLUS Loan MUST BE PAID BACK. I will borrow only what is necessary for my education-related expenses: _____ (initial). Date: _____

Don't forget to complete the second page!



Federal PLUS Credit Balance Authorization 2026-2027

If I, the parent borrower, am eligible for a credit balance refund, I wish the proceeds to be released to (*check one*):

- Please send the **student** any excess funds
- Please send me, **the parent borrower**, any excess funds

If you request the credit balance refund to be mailed to you, the parent borrower, please complete the following:

Mailing Address:

Parent Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Required:

Parent Name: _____

Parent Signature: _____

Parent Social Security Number: _____

Date: _____

Student Name: _____

Student Social Security Number: _____

Complete **BOTH PAGES** of the Application and submit to:

Genesee Community College
One College Road
Batavia, NY 14020
Fax: (585) 343-6726
Email: financialaid@genesee.edu