

## Federal Direct Parent PLUS Loan Increase Request 2025-2026

UNI	VERSITY	Student Name:		MBU ID:					
approve	ed or denied b	by the U.S. Department of		ndent students. Parent PLUS loans are heck. For more information regarding the /loans/plus/parent.					
increase unable	e your loan, y to complete t	ou will need to send us thi	s form so we can originate the form can be used to determine	within the last 180 days and need to e loan amount you request. If you were ne your eligibility and increase your loan					
<u>Step 1:</u>	Check one op	otion below.							
	Paren		last 180 days and was approve	n online at studentaid.gov with my FSA IIed. By completing and signing this form, I					
	☐ I am unable to apply for the Parent PLUS Loan online and would like the MBU Financial Aid Office to subman application for me. By signing this form, I authorize the MBU Financial Aid Office to submit an application for me. I authorize the Department of Education to complete a credit check using the information listed below to determine my eligibility for the Federal Direct Parent PLUS Loan and understand submission of this form does not guarantee approval of the PLUS loan:								
	Borrower (Pa	arent) Name:	E	Sorrower SSN:					
	Borrower Dat	te of Birth:	Borrower email:						
				Zip:					
			ount increase requested for th you <u>do not</u> need to complete	ne 2025-26 academic year a new Master Promissory Note (MPN).					
	Total Increas	e Amount*: \$							
	fees, <u>divide</u> needed fund	the amount needed for the s each semester to cover t	e student account for the <b>enti</b> he account. If you have any q	<b>re year</b> by <b>0.955</b> in order to receive the uestions, please call us at 1-540-887-702 inistration Building on the Ground Floor.					
	The loan amount you enter above is an increase over the original amount you requested. If this loan is for more than one semester, please indicate how you would like it to be divided over the remaining semesters in this academic year.								
		Fall 2025	Spring 2026						

If I borrow enough where the Parent PLUS Loan creates a credit balance on the student's account, I would like the refund check sent to the:

		] S	orrower (Parent) cudent
Studen	it Name: _		MBU ID:
			ion is denied, I wish to proceed as follows (select one option). Skip this section if you applied ere approved.
		eek	an endorser, complete the PLUS Credit Counseling and would like to apply for the below amount for
	•	<u> </u>	ndorser: Endorser will need to complete an application at <a href="mailto:ttps://studentaid.gov/endorseraddendum/">ttps://studentaid.gov/endorseraddendum/</a> . Additional actions may be required once the oplication is submitted.
	•	i C	LUS Credit Counseling: PLUS Credit Counseling is required if the U.S. Department of Education hat formed you that you have an adverse credit history and you have obtained an endorser. The bunseling can be accessed here:
		<u>h</u>	ttps://studentaid.gov/app/counselingInstructions.action?counselingType=plus.
	•		otal Loan Amount* Requested for Academic Year 2025-26 (fall/spring): \$
		7 V	oan amount requested will be subject to up to a 4.5% origination fee. Please add 4.5% to the mount you wish to borrow to account for these fees by dividing the amount by .955. Award amount ill be split into even disbursements for fall and spring unless applying for spring only. You must equest an amount. Applications with no amount listed are not able to be processed.
		η, c	e to appeal the credit decision and document extenuating circumstances to the Department of mplete PLUS Credit Counseling, and would like to apply for the below amount for the academic
	•	Α	ppeals will need to be submitted at <a href="https://studentaid.gov/appeal-credit">https://studentaid.gov/appeal-credit</a> .
	•		your appeal is approved by the Department of Education, PLUS Credit Counseling will need to be ampleted at <a href="https://studentaid.gov/app/counselingInstructions.action?counselingType=plus">https://studentaid.gov/app/counselingInstructions.action?counselingType=plus</a> .
	•	ŀ	my appeal is approved, I would like to apply for the following loan amount:
		C	Total Loan Amount* Requested for Academic Year 2025-26 (Fall/Spring):  \$
	to borrow	√ to	requested will be subject to up to a 4.5% origination fee. Please add 4.5% to the amount you wish account for these fees by dividing the amount by .955. Award amount will be split into even s for fall and spring unless applying for spring only. You must request an amount.
	□ I wou	ıld l	with no amount listed are not able to be processed.  ke my child to be awarded the increase in unsubsidized loans for which they are eligible (they must hey'd like of this funding in the financial aid portal).
			s form, you are authorizing the MBU Financial Aid Office to process a Parent PLUS Loan based upon on of steps 1 and 2.
	funds suc below, I h loan proc	h as nere eed	overnment requires that all University's obtain written authorization to apply Title IV PLUS loan proceeds to charges other than tuition, fees, room and board. By my signature by authorize Mary Baldwin University to use Title IV financial aid funds, including PLUS s, to pay for charges such as fines, health center fees, non-sufficient funds checks and es, unpaid emergency loans, and postage made to my dependent child's account.

Borrower Signature\_\_\_\_\_\_Date \_\_\_\_\_

## Return this form:

by mail to: Mary Baldwin University Office of Financial Aid	by fax to: 540-887- 7229	by email to: Finaid@marybaldw in.edu	in person to: Administration Building	through the Document Portal: located on the financialaid.marybaldwin.edu homepage
Staunton, VA 24401			Ground Floor	