



2026-2027 Federal Direct Parent PLUS Loan Override Request

I am the parent of _____ MBU ID _____

Parent Name _____

In certain situations, a dependent undergraduate student whose parent(s) are unable to obtain or repay a Federal Direct PLUS Loan may be eligible for an additional Federal Direct Unsubsidized Loan.

Financial Aid counselors may consider your debt to income ratio as well as the [2026 Federal Poverty Guidelines](#) as published by the Department of Health and Human Services as factors in the appeal review.

Check the box that applies to you and submit the requested documentation. Additional documentation may be requested.

Reason for Request		Documentation to be Provided
<input type="checkbox"/>	I am on a fixed income (i.e. public assistance, disability benefits, social security, etc.)	Attach proof of income from an agency that provides assistance.
<input type="checkbox"/>	I am not a U.S. citizen, permanent resident, or eligible non-citizen	<ul style="list-style-type: none"> - Country of Citizenship: _____ - Attach proof of citizenship (cannot be expired) - Not living in the US - Not applying for US residency - Applying for US residency
<input type="checkbox"/>	I have filed for bankruptcy within the last 5 years and as a condition of my bankruptcy filing I am not allowed to incur any additional debt.	Attach a copy of filed bankruptcy paperwork (must have parent's name and court stamp to indicate it has been filed), or a letter from bankruptcy court detailing bankruptcy conditions.
<input type="checkbox"/>	I am currently incarcerated.	Attach proof of incarceration.
<input type="checkbox"/>	I currently have a judgment lien on my property.	Attach proof of judgment lien.
<input type="checkbox"/>	I currently have one or more federal student loans in default.	Provide documentation of current status of loans.
<input type="checkbox"/>	Other	Attach an explanation and any supporting documentation.

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, and/or repayment of financial aid. I acknowledge and understand that purposely giving false, or misleading information on this form may lead to fines, jail time, or both. I authorize Mary Baldwin University to make any changes necessary as a result of the updated information that I've provided.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Return this form:

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