MidAmerica Nazarene University
Federal Direct Parent Loan Data & Credit Balance Directive

Student Information:

_____
Student's Full Legal Name Social Security Number Student Date of Birth

Parent Borrower Information:

_____
Parent's Full Legal Name Parent Social Security Number Parent Date of Birth

_____
Parent's Address, City, State & Zip Parent Driver's License # State Issued

_____
Parent Daytime Contact Telephone Number Parent Email Address

Loan Request Information:

Requested Loan Amount $_____

We must have a dollar amount in order to process the loan. Please allow for the 2.5% loan origination charges retained by the Department of Education. Feel free to contact our office if you need assistance with the calculation.

PLUS loan is to cover this period of time: Month_____Year_____ TO Month_____ Year_____

Credit Balance Refund Instructions:

If the PLUS Loan generates an overpayment on the student's MNU account, we must know how to process the refund check, or whether funds should be returned to the lender. This directive may be changed by written request at any time.

Please check only one option below:

_____Send Refund To Parent Borrower at the address listed above.

_____Pay Refund To Student (funds may be picked up at the Cashier's Office)

_____Return Refund back to my lender and reduce my loan amount. ($100.00 minimum applies)
If Refund is less than $100 who should the credit be refunded to?

_____The Parent: mail to_____

_____The Student

Parent Borrower Certification:

Is the parent borrower a U.S. Citizen? Check only one:
____Yes, I am a U.S. citizen (U.S. national).
____No, but I am an eligible noncitizen. Fill in Alien Registration Number: A_____
____No, I am not a citizen or eligible noncitizen.

I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a Direct PLUS Loan to me. I understand that the department will notify me in writing of the results of the credit check with respect to my loan application.

_____
Parent Borrower Signature

_____
Date of Signature

Return your completed form to:
MidAmerica Nazarene University
Student Financial Services
2030 E College Way
Olathe, KS 66062
FAX: (913) 971-3482