

**Financial Aid Services**

500 Wilcox Street  
Joliet, IL 60435  
815-740-3403  
Toll Free: 866-890-8331  
Fax: 815-740-3822  
E-mail: [finaid@stfrancis.edu](mailto:finaid@stfrancis.edu)



**UNIVERSITY OF ST. FRANCIS**

**Federal Direct Graduate PLUS Loan Application  
2007-2008**

**USF Student Information:**

Student's Full Name: \_\_\_\_\_  
first middle initial last

USF Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
street address  
\_\_\_\_\_  
city state zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Permanent Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

U.S. Citizenship:     U.S. Citizen     Permanent Resident/Eligible    Alien A# \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Are you, the borrower, currently in default on any federal educational loan (NDSL, Perkins, Stafford, PLUS, etc.)?  
 **NO, I am not in default**             **YES, I am in default**

Total Grad PLUS Loan Amount Requested for academic year 2007-08: \$\_\_\_\_\_.00  
*Please refer to your 2007-2008 USF Financial Aid Award Letter for the maximum amount that you may borrow.*

***I want to accept and borrow a loan from the Federal Direct Graduate PLUS Loan program. As the student borrower of this loan, I understand the loan will be submitted for approval to the Direct Loan processing center. The Promissory Note will be sent for completion and signature upon receipt of the Federal Direct Graduate PLUS loan application.***

\_\_\_\_\_  
Student Borrower Signature

\_\_\_\_\_  
Date Signed