BlueRidge
COMMUNITY AND TECHNICAL COLLEGE

Office of Student Financial Aid

_____   _____
Student Name   BRCTC ID Number

Parent Data

_____   _____
Social Security Number   Last Name   First Name   M.I.

_____   _____
Street Address (Include apt. # or PO Box)   Date of Birth (mm/dd/yyyy)

_____   _____
City   State   Zip Code   Email Address

_____   _____
Home Phone Number (Include Area Code)   Alternate or Cell Phone Number

U.S Citizen? ☐ Yes   ☐ No
                                                                        _____
                                                                        If no, Alien Registration #

_____   _____
Driver's License Number   State

Are you currently in default on an education loan or do you owe a refund on a Federal Student Grant? ☐ Yes   ☐ No

Amount of Loan Requested: $_____

PLUS Loan eligibility is based on cost of attendance minus the student's financial aid and other resources. All parent loan proceeds are released in two disbursements each semester and will be applied to any outstanding balances owed Blue Ridge CTC before proceeds are refunded. Any remaining proceeds will be disbursed in a refund and released to the parent at the address listed above or to the student as indicated below.

"I authorize release of any excess PLUS Loan funds to my student." ☐ Yes   ☐ No

I understand that the BRCTC Financial Aid Office will certify my eligibility for the amount I have requested or the maximum amount for which I am eligible. I understand that this is a loan that must be repaid. Further, I authorize the Secretary of the U.S. Department of Education to investigate my credit record and report any information concerning my credit to the proper persons or organizations.

_____   _____
Parent's Signature   Date

To return this form:
Mail: Office of Student Financial Aid
13650 Apple Harvest Drive
Martinsburg, WV 25403
Fax: 304.260.4376