



2910 BEDFORD AVE. BROOKLYN, NEW YORK 11210. TELEPHONE (718) 951-4785. FAX (718) 951-4778

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*WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM*

**The Following requirements must be met before submitting an Additional Unsubsidized Loan Request:**

\*\*\*If we receive an Additional Unsubsidized loan request with one of these requirements missing your application WILL BE RETURNED. \*\*\*

- ✓ The student must File a 2016-2017 FAFSA
- ✓ The student must have completed all "To Do" items on CUNYfirst
- ✓ The student must be registered for at least six (6) credits within their division
- ✓ The student must be matriculated
- ✓ Must have received their **maximum limit** in unsubsidized loans for the academic year
- ✓ Must have applied for a Parent Plus loan and be **denied**
- ✓ Copy of parent's denial letter



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**2016-2017  
Federal Parent PLUS Loan Denied  
Additional Unsubsidized Loan Request**

**STUDENT INFO:** *(Please print clearly)* **\*Incomplete Applications will be returned**

Student's Name \_\_\_\_\_ CUNY first ID# \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Freshman/Sophomore** (academic year maximum \$4,000)

**Junior/Senior** (academic year maximum \$5,000)

I request to be considered for an additional Unsubsidized Loan. Please indicate the requested terms and amount below:

**Loan Period:**    ☐ **Summer 2016**            ☐ **Fall 2016**            ☐ **Spring 2017**

**Requested Loan Amount \$** \_\_\_\_\_ *(Please indicate a dollar amount)*

**\*This amount will be disbursed over the terms indicated above\***

Student's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**PARENT/BORROWER INFO:** *(Please print clearly)* **\*Incomplete Applications will be returned**

I, the Parent Borrower, have been denied a Federal Parent PLUS Loan and I will not seek an Endorser or the Endorser has been denied.

Parent's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_