

Sentara College of Health Sciences

1441 Crossways Boulevard, Suite 105, Chesapeake, Virginia 23320 • Tel: (757) 388-2900

PARENTS PLUS LOAN REQUEST FORM

Parent Name: (Last)	(First)	(Middle Initial)	Parent Social Security Number:
Address: (Street)		(City)	(State, Zip)
Parent Birth Date:	Primary Contact Number:	Parent e-mail Address:	
Requested Loan Amount:	Lender Name: (*See below for some lender choices. If you do not select a lender, one will be selected for you.)		
Issue Refund Check (if applicable) to:	<input type="checkbox"/> Parent	<input type="checkbox"/> Student	
Student Name: (Last)	(First)	(Middle Initial)	
Student Social Security Number:	Student Birth Date:		

BORROWER CERTIFICATION:

I understand that to obtain a loan through this process I MUST:

1. Complete and return this form to the Financial Aid Office.
2. Sign a Promissory Note online:
 - a. For all lenders **except** Navy Federal and Bank of America go to www.ecmc.org and select "e-Sign Promissory note".
 - b. For Navy Federal and Bank of America go directly to their website.

I also understand the amount listed on this Loan Request Form will be the amount used in determining my loan eligibility and that this does not guarantee approval of the loan. By signing this LRF, I give consent to Sentara College of Health Sciences to initiate the loan process for the current academic year.

Parent Signature:	Date:
-------------------	-------

*Bank of America; EdAmerica; Navy Federal; Nellie Mae; Sallie Mae; Sun Trust, Wachovia and Wells Fargo.

Lender origination fees are subject to change. Please refer to lender's website for current information. For questions, please contact the Financial Aid Office at (757) 388-3015.

The Sentara College of Health Sciences is owned and operated by Sentara Norfolk General Hospital



www.sentara.edu

Your community, not-for-profit health partner