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JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

2011-2012 Academic Year

Federal Direct Graduate (Grad) PLUS Loan Request Form

_____ xxx-xx-_____
Student's Name (Please Print) Social Security Number

_____ _____
Phone Number Email Address

Loan Information:

Loan Period:

- ☐ Summer, First, Second, Third, and Fourth Terms
- ☐ First, Second, Third, and Fourth Terms
- ☐ Other: _____
  Check "Other" only if you plan to enroll for less than 4 Terms

Loan amount requested: $_____

Graduate PLUS loans will be disbursed on a pro-rated basis (equal amounts per term) throughout the academic year.

Consent to Obtain Credit Report

I consent to the U.S. Department of Education and its agents obtaining a credit report record and using that information to make a decision on whether or not to approve a Direct Grad PLUS Loan for me. I understand that I will be notified in writing of the decision of this loan application.

The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §451 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a Direct Gradate PLUS Loan.

_____ _____
Signature of Borrower (Student) Date (MM/DD/YYYY)

DO NOT* submit this application until you have returned a signed copy of your 2011-2012 Award Letter to the Financial Aid Office.

Please return this form to:

Bloomberg School of Public Health
Financial Aid Office
615 N. Wolfe Street, Suite E1002
Baltimore, MD 21205-2179
FAX: 410-955-0464
PHONE: 410-955-3004