

Office Use Only

Student ID: ____

MPN____ EC___

PLUS MPN

Please return to: 3136 Dickens Ave Manhattan, KS 66503 P: 785-587-2800 F: 785-670-6043 Secure File Upload									
Name					L	ast four of SSN	: XXX-XX	(-	
Last	First			M.I					
Telephone No				Ema	il:				
Date of Birth	D	river	's License –	State	eNumb	er			
							semest	er for re	duction
In accordance with my award letter	I accept, as awarded	or	I decline	or	Reduce from	to	FA	SP	SU
Federal Pell Grant		or		or					
FSEOG Grant		or		or					
Direct Subsidized Loan		or		or					
Direct Unsubsidized Loan		or		or					
Direct Parent PLUS Loan		or		or					
Please remember to complete the online <u>M</u> so previously) if you accept loans. You will to to complete a <u>Parent PLUS Request</u> . <u>Fees and Interest Rates</u> : Please note that an Loan interest rates for the 2023-2024 acader	need your FSA ID (used to origination fee of 1.057% mic year will be determine	o subi will b d by J	mit the FAFS e assessed b July 1, 2023 a	5A) to y the and w	complete. To a loan lender. Fed vill be less than 8	ccept a Parent F eral Direct Subsi .25%. Federal Di	PLUS Loai	n s, you v d Unsubs S Loan in	will need sidized iterest
rates for the 2023-2024 academic year will a federally regulated and are subject to change <u>Types of Loans</u> : The <i>Federal Subsidized Direc</i> loan is "subsidized" because the taxpayers pubased on financial need and is available to st interest. You may choose to make interest pubegins.	e. <i>t Loan</i> is based on financia ay the interest for you whi udents regardless of incor	il nee ile yo ne. Tl	d, which is de u are enrolle ne taxpayers	eterm d at le do no	nined by the Free east half-time. Th ot pay the intere	e Application for he <i>Federal Unsu</i> st for you – you	Federal S bsidized I are respo	Student <i>i</i> D <i>irect Lo</i> onsible fo	Aid. The <i>an</i> is not or all
Repayment: Repayment of the loan(s) begins	s six months after you grad	duate	, leave schoc	ol, or a	are no longer att	ending at least ł	nalf-time.		
I certify that I have read and understood the	e information provided to	me.							
Signature:				I	Date:				
Office Use Only: Date of Adjustment to Finar	ncial Aid	Office	e Initials		_Student's initia	ls			

Explanation of adjustment made: _____