



LEHIGH UNIVERSITY®

Federal Direct Parent PLUS Loan Amount Confirmation Worksheet

We have received a Federal Direct Parent PLUS loan application on your behalf; however, we are unable to certify this loan without the additional information below.

Please note: Federal Direct Parent PLUS Loan applications have a **180-day** credit window in which the loan can be processed. **If the loan is not processed within that time the application will expire.**

Student Name: _____ Student LIN: _____

Borrower Name: _____

Loan Term: (Check One) Summer: ☐ Fall & Spring: ☐ Fall Only: ☐ Spring Only: ☐

Loan Amount: \$ _____ or, ☐ I would like to request the maximum loan.

Please check and complete any applicable items below:

<input type="checkbox"/> I intend to utilize the Lehigh University Health Insurance (I will <i>not</i> waive)
<input type="checkbox"/> I am a member of a fraternity or sorority with membership or other fees. Please itemize these fees: \$ _____ for _____; \$ _____ for _____; \$ _____ for _____. <i>Attach documentation of the expense(s).</i>
<input type="checkbox"/> I will be assessed music fees totaling \$ _____ for Fall and \$ _____ for Spring.
<input type="checkbox"/> I have purchased a computer or laptop for college use totaling \$ _____. <i>Attach documentation of the expense.</i>
<input type="checkbox"/> I have other educational related expenses that exceed the standard Cost of Attendance for current academic year. Please itemize these expenses: \$ _____ for _____; \$ _____ for _____; \$ _____ for _____. <i>Attach documentation of the expense(s).</i>

I authorize the Lehigh University Office of Financial Aid to process my Federal Direct Parent PLUS Loan application according to the terms and amounts stated above.

Borrower Signature: _____ Date: _____

Please submit to Lehigh University's Office of Financial Aid via the
[Financial Aid Documentation Upload Center](#), by mail, or by fax (610)758-6211.
You may also contact our office at (610)758-3181 or financialaid@lehigh.edu