

University of South Carolina Beaufort

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

Office: 843-521-3104 ♦ Fax: 843-521-3194 ♦ www.uscb.edu

Email: uscbfina@uscb.edu

PLUS Default/Overpayment Borrower Statement

In order for our office to certify your Federal PLUS Loan application, additional information is needed. The parent applicant of the Federal PLUS Loan must complete all sections of this form and return it to our office as soon as possible to avoid any delays. Do not leave any questions blank or unanswered. If you have any questions or need further assistance, please contact our office.

Student's Information			
Student (Legal Name):			
Last Name	First Name	Middle Name	VIP ID
	Parent Borrow	er's Information	
Parent Borrower's Name (
Last Name	First Name	Middle Name	
Parent's Email Address			Relationship to Student
Are you in default on a Federal Education Loan?			□ No
Do you owe a refund on a	rederal Education Grant?	☐ Yes	□ No
Please Read, Sign, a	nd Date		
. • .		id to pay only the cost of a	ttending an institution of higher
			actory arrangements to repay it;
•			ory arrangements to repay it; {4}
			a Federal Pell Grant from more tion that will verify the accuracy
_	-		come tax forms. I certify that I
understand that the Secretar	ry of Education has the autho	ority to verify information r	reported on this application with
the Internal Revenue Service	and other Federal Agencies		
By signing this document, I co	ertify that all the information	reported on it is true and	accurate. If I purposely give false
		use for denial or repaymer	nt of financial aid and I may also
be fined \$20,000, sentenced	to Jail, or both.		
Parent's Signature		 Date	