



VERMONT STUDENT ASSISTANCE CORPORATION  
 PO Box 999, Winooski, VT 05404-0999  
 Toll free: 1-888-307-8722

www.vsac.org

## VERMONT ADVANTAGE PARENT LOAN SCHOOL CERTIFICATION

**INSTRUCTIONS:** Please have an authorized school official certify parent loan eligibility for the student named below. Certification may be provided electronically. Call 1-888-307-8722 for more information.

Parent Name:	Parent SSN:	Parent DOB:
Street Address:	Parent Citizenship Status:	
City/State/Zip:	Parent Telephone Number:	
Student Name:	Student SSN:	Student DOB:
Loan Requested Amount	Origination Fee (fee is deducted from loan amount)	
.00	%	

The parent named above has received preliminary approval for the Vermont Advantage Parent Loan for the student named above. The Vermont Advantage Parent Loan is a private, credit-based education loan for Vermont residents and for parents of students attending school in Vermont. It is intended to *supplement* federal, state and school grant, scholarship and loan aid. Vermont Advantage Parent Loan eligibility is based in part on the student's cost of attendance minus financial aid, enrollment status, and federal aid eligibility. The Vermont Advantage Parent Loan may be used for educational purposes only (tuition, books, fees, living expenses, supplies, and transportation related to attendance) as certified by the school.

By completing this form you are certifying that:

- Your institution is a U.S. Department of Education eligible institution and participates in at least one Title IV loan program.
- The student is enrolled at least half-time at your institution and is eligible for federal student aid.
- The student is matriculated or enrolled in approved preparatory coursework (preparatory coursework may exceed twelve months in length).
- The *School Certified Loan Amount* (see below) does not exceed *Cost of Attendance* minus *Estimated Financial Aid*.

Your institution will notify VSAC immediately if the student no longer meets any of the eligibility requirements (in which case pending disbursements will be cancelled).

Check here ONLY if the student DOES NOT meet the requirements outlined above. Sign and date this form and return it to VSAC. Otherwise, please provide the information requested below and return this form to VSAC.

Enrollment Status	Grade Level (1-5, A-D)	Loan Period (Month/Day/Year)	Anticipated Graduation Date
<input type="checkbox"/> Full Time <input type="checkbox"/> At Least Half Time		From:                      To:	
<u>Cost of Attendance</u>	<u>Estimated Financial Aid</u>	<u>Net Cost of Education (Cost minus Aid)</u>	<u>School Certified Loan Amount</u>
\$	\$	\$	\$

**Recommended Disbursement Date(s) and Amount(s)**

Dates:    1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Amounts: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

School Name \_\_\_\_\_ School Code \_\_\_\_\_

Signature of Authorized School Official \_\_\_\_\_ Date \_\_\_\_\_

Printed or Typed Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

**Please return completed certification to VSAC Loan Origination Services**

Fax: (802) 654-3765    Mail: PO Box 999 Winooski VT 05404-0999