

**STUDENT'S APPLICATION FOR LOAN-COQUILLE STUDENT LOAN FUND, INC.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
SSN (Last 4)

If you have already graduated from Coquille High, what is your

Occupation: \_\_\_\_\_  
Monthly Gross Income: \_\_\_\_\_  
Employer's name, Address, Phone: \_\_\_\_\_  
\_\_\_\_\_

Name and address of school you wish to attend: \_\_\_\_\_  
\_\_\_\_\_

When does your year begin: \_\_\_\_\_ Is School year      Semesters      or      Quarters?

Estimated yearly expenses:  
Tuition: \$ \_\_\_\_\_ Amount available to you from self, parents, and other: \$ \_\_\_\_\_  
Room/Board: \$ \_\_\_\_\_ Amount of loan needed for the year: \$ \_\_\_\_\_  
Books/Supplies: \$ \_\_\_\_\_ Intended Major: \_\_\_\_\_  
Incidentals: \$ \_\_\_\_\_ Year in school: \_\_\_\_\_

Total: \$ \_\_\_\_\_

I have read the contents of the Loan Fund Rules and understand the terms and agree to abide by the terms if the loan is granted. I agree that a copy of this signed application provided to my school shall be deemed my consent to the school to release any information requested by the Loan Fund. I authorize creditors and employers to release any credit information requested by the Fund.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

- \* Attach a copy of high school transcript and class standing.
- \* Attach three (3) references using the Application Reference Form.
- \* Attach a photocopy of your driver's license.

(See next page)

**PARENT'S OR GUARDIAN'S STATEMENT**

I make the following statements in connection with the application being made by my child for a loan from the Coquille Student Loan Fund, and I hereby warrant that they are true to the best of my knowledge and belief.

_____		_____	
Father's Name		Address	
_____		_____	
Occupation		Date of Birth	SSN (Last 4)
_____	_____	_____	
Telephone	Monthly Gross	Email address	

\_\_\_\_\_  
Employer's Name/Address/Phone

_____		_____	
Mother's Name		Address	
_____		_____	
Occupation		Date of Birth	SSN (Last 4)
_____	_____	_____	
Telephone	Monthly Gross	Email address	

\_\_\_\_\_  
Employer's Name/Address/Phone

Name/Address/Phone/Relationship of two (2) nearest relatives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Address/Phone/Relationship of two (2) personal references: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own or rent your house?                      Own                      Rent

I expect to be able to contribute \$\_\_\_\_\_ monthly toward my child's education. I authorize creditors and employers to release any credit information requested by the Fund.

\*\* Attach a photo of each parent's driver's license.

Comments:

\_\_\_\_\_  
Father's Signature                      Mother's Signature                      Date

