Student ID#_____

Donald and Nellie Thomas Family Loan Application

~ <u>ALL</u> ITEMS IN THE APPLICANT INFORMATION SECTION MUST BE COMPLETED BEFORE THE APPLICATION WILL BE CONSIDERED.

~ ADDITIONALLY, IF YOU WISH TO APPLY WITH A COSIGNER OR IF YOU ARE UNDER THE AGE OF 18, ALL ITEMS IN THE COSIGNER INFORMATION SECTION MUST BE COMPLETED.

~ <u>APPLYING WITH A CREDITWORTHY COSIGNER MAY INCREASE YOUR CHANCES OF APPROVAL</u>.

APPLICANT INFORMATION

<u>*You must submit a recent copy of your full detailed credit report (no more than 6 months old) and, as applicable, a recent payroll stub and your most recent federal income tax return*</u>

Name _____ Social Security #_____

Address _____ Phone _____ ☐ cell ☐ home

City, State, Zip_____ Date of Birth _____

Are you a United States Citizen? ☐ yes ☐ no Driver's License #_____

Anticipated Graduation Date _____ Field of Study_____

Please list the following information for three individuals who are likely to be able to contact you. At least one must be a non-family member.

1. Name _____ Phone (_____) _____ ☐ cell ☐ home

   Address _____
   street *city* *state* *zip*

2. Name _____ Phone (_____) _____ ☐ cell ☐ home

   Address _____
   street *city* *state* *zip*

3. Name _____ Phone (_____) _____ ☐ cell ☐ home

   Address _____
   street *city* *state* *zip*

Have you previously received a Thomas Family Loan? _____ yes _____ no

The amount requested for the _____ academic year is $_____.

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(Thomas Family Private Loan Application Information continued)

COSIGNER INFORMATION

You must submit a recent copy of your full detailed credit report (no more than 6 months old) and, as applicable, a recent payroll and your most recent federal income tax return

Name _____ Social Security # _____

Address _____ Phone _____ ☐ cell ☐ home

City, State, Zip_____ Date of Birth _____

Are you a United States Citizen? _☐_yes _☐_no Relationship to Borrower_____

Employer _____ Years with Current Employer_____

Please list two references who are likely to have your contact information or will be able to reach you in the future. At least one must not be related to you.

1. Name _____ Phone (_____)_____ ☐ cell ☐ home

   Address_____
   street *city* *state* *zip*

2. Name _____ Phone (_____)_____ ☐ cell ☐ home

   Address _____
   street *city* *state* *zip*

Everything stated in this application is correct to the best of my knowledge. I understand that Hillsdale College will retain this application even if the loan is not approved. By signing this application, I authorize Hillsdale College to contact the references listed in the application now and in the future to verify my credit and employment information or for any other purpose related to collection.

If I am signing this application as the applicant, I acknowledge that Hillsdale College may share information about this application, any resulting loan, and about me with the person signing this application as cosigner. If I am signing this application as cosigner, I acknowledge that Hillsdale College may share information about this application, any resulting loan, and about me with the person signing this application as applicant. Hillsdale College may share information about me with other persons as permitted by law.

Date_____ Signature of Applicant_____

Date_____ Signature of Cosigner_____

Save Completed Form

*save a copy of the completed form to your device and provide a unique file name, then upload this completed form to Self Service.