

Eugene B. Cooper Student Loan Fund

P O Box 4716 Winchester, VA 22604
Email: ebcooper@winchesterkiwanis.org

Student Loan Application

I hereby make application for a loan of \$ _____ for the school year beginning _____/_____. Year of attendance (circle one): 1 ____, 2 ____, 3 ____, 4 ____, 5 ____, 6 ____

Student Information

Full Name: _____ Birth Date: ____/____/____
Residence Address: _____ City _____ St ____ Zip _____
Telephone(s): _____ Email: _____
Social Security #: _____ Single ____ Married ____
If married, full name of Spouse _____ SS#: _____

School to be Attended: _____
School Address: _____
Anticipated Graduation Date: _____ Anticipated Major: _____
Employer/Source of Income: _____ Annual \$: _____
Other Loans: _____ \$ _____, _____ \$ _____
_____ \$ _____, _____ \$ _____
School Graduating From: _____ Counselor: _____
Transcripts Attached: Yes ____ No ____ Class ranking: _____

Parent(s)/Guardian Information:

Full Names(s) _____
Residence Address: _____ City _____ St ____ Zip _____
Telephone(s) _____ Email: _____

Explain Need/Use of Loan:

Personal References (at least three, not related to you - Include name, address, telephone #):

Have you read the enclosed Loan Guidelines? _____

Do you understand your obligation for repayment if this loan is made ? _____

Applicant Signature _____ Date _____

For EB Cooper Loan Committee use only

Loan Approved ____ Disapproved ____ in amount of \$ _____ Date: _____

By _____

Comments: _____
