

**Eugene B. Cooper Student Loan Fund**

P O Box 4716 Winchester, VA 22604

Email: ebcooper@winchesterkiwanis.org

**Parent/Guardian Financial Information**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_ Single\_\_ Married \_\_\_  
Residence Address: \_\_\_\_\_ St \_\_\_ Zip \_\_\_\_\_  
Telephone(s): \_\_\_\_\_ Email: \_\_\_\_\_  
No. of years at address above: \_\_\_\_\_

Employer (Name & Address): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Position held & Length: \_\_\_\_\_  
Gross Monthly pay: \$ \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_ Single\_\_ Married \_\_\_  
Residence Address: \_\_\_\_\_ St \_\_\_ Zip \_\_\_\_\_  
Telephone(s): \_\_\_\_\_ Email: \_\_\_\_\_  
No. of years at address above: \_\_\_\_\_

Employer (Name & Address): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Position held & Length: \_\_\_\_\_  
Gross Monthly pay: \$ \_\_\_\_\_

Do you own \_\_\_ or rent \_\_\_ your home/residence? How long ? \_\_\_\_\_

Other Sources of income if you feel they are important to your ability to repay this loan:

Source \_\_\_\_\_ Annual amount \$ \_\_\_\_\_  
\_\_\_\_\_ Annual amount \$ \_\_\_\_\_  
\_\_\_\_\_ Annual amount \$ \_\_\_\_\_

Do you agree to have a credit check run for purposes of this loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you read the enclosed Loan Guidelines? \_\_\_\_\_

Do you understand your obligation for repayment in case of default by the student? \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**For EB Cooper Loan Committee use only**

Credit Report Requested? Yes \_\_\_\_\_ No \_\_\_\_\_ Received Date: \_\_\_\_\_

By \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_