

Forgivable Student Loan Program - Loan Application

SECTION I (General) - To be completed by borrower.				OMF USE ONLY	
"IMPORTANT" read the information carefully. You must be an Indiana or Southern Michigan resident to apply for this loan. For eligibility requirements consult the Osteopathic Medical Foundation (of Michiana). Type or print all				Date Approved: _____	
Name: (First) _____ (Last) _____ (Middle) _____		Social Security Number _____		Loan Number: _____	
Permanent Street Address _____ (City) _____ (State) _____ (Zip Code) _____				Loan Amount: _____	
Area Code/Phone: _____		Date of Birth: _____		Date of Matriculation: _____	
Enrolled at: _____		Campus Address: _____			
Requesting loan for _____ school year.				Email address: _____	
SECTION II (Financial Need & Qualifications) To be completed by borrower.					
1a. Do you have any student loans? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , list creditors below (and provide loan details)			1b. Have you ever defaulted on a student loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , please provide an explanation on a separate sheet.		
Lender/Creditors: (Please use additional sheet if necessary)		Type of loan	From	To	Unpaid Balance
Name: _____					
City: _____ State: _____ Zip: _____					
Phone: _____					
Name: _____					
City: _____ State: _____ Zip: _____					
Phone: _____					
Name: _____					
City: _____ State: _____ Zip: _____					
Phone: _____					
2. Please describe your professional goals and your plan to practice osteopathic medicine in the Michiana area. (Please attach additional sheets)					
3. Only students that have filed a Free Application for Student Aid ("FAFSA") are eligible for an OMF loan. Please attach a copy of the FAFSA filed with your College. Only applications with an attached FAFSA will be considered.					
4. Please attach a list of three (3) references (at separate addresses), who can contact you. For each reference, please indicate : (a) the name of your of reference, (b) the relationship between you and your reference (i.e., parent, relative, friend, professor, etc.), and and (c) an address, telephone number and e-mail address (if any) for your reference.					
Certification - I, the applicant/borrower, certify that the information contained in the above student section of this application is true, complete and correct to the best of my knowledge and belief and is made in good faith. I hereby authorize my educational institution to release any and all pertinent information for loan consideration to the Osteopathic Medical Foundation (of Michiana).				Subscribed and sworn by student before me on this _____ day of _____ 20____.	
				Notary Republic _____ SEAL	
				Notary Address _____	
				My commission expires _____ Date _____	
Signature of Student Applicant/Borrower _____				Date _____	
SECTION III - To be completed by educational institute.					
Name of educational institution: _____					
Street _____		City: _____		State _____	Zip _____
Estimated cost of education for one year \$ _____			Student's Grade Level: _____		Student's GPA: _____
Has the Student/Applicant filed a Free Application for Student Aid? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Financial aid provided to student for loan period (if known) \$ _____				Graduation Date: _____	
Student's loan period: From ___ mo ___ day ___ year				Recommended loan amount \$ _____	
From ___ mo ___ day ___ year					
Educational Institution Certification - I hereby certify that the student named in Section I is accepted for enrollment, or is enrolled and in good standing as at least a half-time student and making satisfactory progress in a program involving osteopathic medicine. I further certify that based upon records available at this institution, that the information provided in Section III is true, complete and correct to the best of my knowledge and belief.					
Name (type or print) _____			Title _____		
Signature _____				Date _____	