## **Federal Perkins Loan Application**

Life Insurance with \_\_\_\_\_

**Loan Amount:** 

This application must be completed in its entirety (both pages). If an item does not apply to you, write "N/A." Do not leave any line blank.



I hereby apply for a Federal Perkins Loan to assist me in the payment of my educational expenses for the 2013-2014 academic year. Fall \$\_\_\_\_\_ Spring \$\_\_\_\_ Total \$\_\_\_\_

A. STUDE	ENT INFOR	MATION		
Name			Are you a U.S. citizen? Yes No	
Home Address				
City State Zip				
Home Phone ()			Selective Service No	
Home E-mail				
Campus Address			Marital Status: Single Married Divorced	
Cell Phone ()			Separated Widowed	
CU E-mail				
Bank with			Receiving Veteran's educational benefits? Yes No	
Address			Year in School: Freshman Sophomore	
City	State	Zip	Junior Senior	
Type of Account			School of Study: College of Arts & Sciences	
ife Insurance with			Boler School of Business	
<u> </u>			ceased, please indicate as such)  MOTHER OR GUARDIAN	
<u> </u>	NT INFORM		ceased, please indicate as such)  MOTHER OR GUARDIAN	
FATHI	ER OR GUARDI	AN	MOTHER OR GUARDIAN  Name	
FATHI Name	ER OR GUARDI	AN	MOTHER OR GUARDIAN  Name Address	
FATHI Name Address City	ER OR GUARDI	<b>AN</b> Zip	MOTHER OR GUARDIAN           Name	
FATHI Name Address  City Home Phone () _	ER OR GUARDI State	AN Zip	MOTHER OR GUARDIAN         Name	
FATHI Name Address City Home Phone () _ Work Phone () _	ER OR GUARDI State	AN Zip	MOTHER OR GUARDIAN           Name	
FATHI Name Address City Home Phone () _ Work Phone () _ Cell Phone ()	ER OR GUARDI State	AN Zip	MOTHER OR GUARDIAN    Name   Address   City State Zip   Home Phone ()   Work Phone ()   Cell Phone ()	
FATHI Name	State	AN Zip	MOTHER OR GUARDIAN  Name Address City State Zip Home Phone () Work Phone () Cell Phone () E-mail	
FATHI  Name  Address  City  Home Phone () _  Work Phone () _  Cell Phone () _  E-mail  Occupation	State	AN Zip	MOTHER OR GUARDIAN  Name	
FATHI Name	State	Zip	MOTHER OR GUARDIAN	
FATHI Name Address City Home Phone () _ Work Phone () _ Cell Phone () _ E-mail Occupation Employer Address	State	<b>AN</b> Zip	MOTHER OR GUARDIAN  Name	
FATHI Name Address City Home Phone () Work Phone () E-mail Occupation Employer Address City	State	Zip	MOTHER OR GUARDIAN  Name	
FATHI Name Address City Home Phone () _ Work Phone () _ Cell Phone () _ E-mail Occupation Employer Address City Bank with	State	Zip	MOTHER OR GUARDIAN  Name	
FATHI Name	State	Zip	MOTHER OR GUARDIAN  Name	
FATHI Name Address City Home Phone () _ Work Phone () _ Cell Phone () _ E-mail Occupation Employer Address City Bank with	State State	Zip Zip Zip	MOTHER OR GUARDIAN  Name	

Life Insurance with \_\_\_\_\_



## C. SIBLING INFORMATION (for brothers and sisters age 18 and over)

Continue on a separate sheet of paper, as needed.		
Name	Name	
Address	Address	
City State Zip	City State	Zip
Home Phone ()	Home Phone ()	
Work Phone ()	Work Phone ()	
Cell Phone ()	Cell Phone ()	
D. PERSONAL REFERENCES		
Please indicate two (2) references not in your immediate family or other	wise already listed on this application (i.e. neighbor, family fr	iend, uncle/aunt, etc.).
Name	Name	
Address	Address	
City State Zip	City State	Zip
Home Phone ()	Home Phone ()	
Work Phone ()	Work Phone ()	
Cell Phone ()	Cell Phone ()	
Relationship to student	Relationship to student	
E. TRUTH-IN-LENDING STATEM	IENT	
The FEDERAL PERKINS LOAN which you have received, together accordance with a repayment schedule approved by the institution the Maker, at the time you cease to pursue an eligible course of the grace period or other deferment period.  The AMOUNT FINANCED (or the total of all loans due) is repayable schedule to be attached thereto by the institution when you ceased DELINQUENCY and DEFAULT CHARGES specified in the promisso	on and the Secretary of the U.S. Department of Educat study at the school. The FINANCE CHARGE begins to ac ole in accordance with the provisions of the promissory se to pursue an eligible course of study, and this is subj	tion, and agreed to by you, ccrue at the termination of unote and the repayment
The Maker may, at his or her option, and without penalty, prepa	y for all or any part of the principal plus the accrued in	nterest at any time.
Federal regulations require the institution to report disbursemen exact copy of this statement.	t of Federal Perkins Loans to a credit bureau. The Mak	er acknowledges receipt of a
I solemnly affirm that all proceeds from the loan will be used sold I understand that information regarding the Federal Perkins Load		
Student Borrower's Name (Please Print)	Student Borrower's Signature	Date

This application and Perkins Loan promissory note must be returned by mail (as all signatures must be original) to: John Carroll University, Office of Financial Aid, 1 John Carroll Boulevard, University Heights, OH 44118

Contact the Office of Financial Aid at <a href="mailto:enrollment@jcu.edu">enrollment@jcu.edu</a> or 888.335.6800 if you have any questions about completing this application.