

APPLICATION FOR A STUDENT LOAN FROM THE TIMOTHY SMITH FUND

Date of Application _____

Name of applicant _____ SS# _____

Address _____ Phone# _____

Parent's Name _____

Street Address _____

Mailing Address _____

Co-Signer _____ SS# _____

Address and relationship to applicant _____

Personal References: (name & address & term of acquaintanceship)

1 _____

2 _____

3 _____

Name of school or institution you plan to attend _____

Estimated date of graduation _____

I have read the terms and conditions and am familiar with the policy and procedure for this loan. Yes ()
No ()

State briefly the reason for applying for this loan _____

Is this a new loan application? Yes () No () Renewal? Yes () No ()

If this is a renewal please include your college transcript.

FOR TOWN OF EASTHAM USE - DO NOT FILL OUT

Date of interview with
Selectman _____ Action _____

(Failure to fill in all blanks may cause refusal of loan)
Cutoff date for return of this application is July 1.