

RENEWAL  
THE MASSILLON EDUCATIONAL LOAN FOUNDATION  
APPLICATION FOR LOAN

Aid is granted only on the basis of satisfactory evidence as to scholarship ability, character, and real need of financial aid. The amount of the loan is \$2000 per year for four years with a maximum of \$8000.

The recipient must be a resident of a Western Stark County school district of Fairless, Jackson, Massillon, Northwest, Perry, or Tuslaw, and be a graduate of one of the schools or an accredited private school in one of the school districts. The recipient must have been accepted to a college and must have declared to complete a degree. In case a student does not complete the degree, the amount of aid received shall become due at once, and bear interest from date of withdrawal from school. A reasonable extension of time may be granted at the discretion of the Board of Trustees.

Students who have completed two or three years of post secondary school are given preference over those just starting post secondary school.

A recipient of aid is required to sign a note, and have parent(s) or guardian(s) signature for the amount loaned and subscribe to the following obligations:

1. That he/she holds himself/herself bound to pay his/her note in full from date of graduation or leaving school.  
Payment must start six (6) months after leaving school with a rate of 6%  
Repayment of the note shall be made at the rate of a minimum of \$100.00 per month, interest computed annually.
2. That he/she keep the Massillon Educational Loan Foundation informed of his/her residence and occupation until his/her note is paid.
3. That he/she will seek employment during vacations and during the school year, so far as this can be done without interference with school work, for the purpose of meeting expenses of tuition and support.

10/03

THE FOLLOWING MUST BE SUBMITTED THIRTY (30) DAYS BEFORE THE LOAN IS NEEDED. THIS SHOULD GUARANTEE PROPER CONSIDERATION FOR A LOAN.

1. A completed renewal loan application with all information requested.
2. The most recent transcript of your grades.
3. Proof of continuation in college.
4. A copy of your Student Aid Report (SAR) or a copy of your FAFSA which includes the Expected Family Contribution (EFC)

NO CONSIDERATION WILL BE GIVEN TO THE APPLICANT WHO DOES NOT PRESENT ALL OF THE ABOVE APPLICATION COMPONENTS.

10/03

The answers to these questions are confidential information to be used by the Committee of Selection only. The purpose of the founders of this fund is to aid the greatest number of worthy students possible. This form is to be filled out each year.

Full Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Marital Status \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

Parents'/Guardians' Address \_\_\_\_\_

Father's/Guardian's Occupation \_\_\_\_\_ Yearly Salary \_\_\_\_\_

Mother's/Guardian's Occupation \_\_\_\_\_ Yearly Salary \_\_\_\_\_

Parents'/Guardians' Marital Status \_\_\_\_\_

Number of Persons Dependent on Applicant \_\_\_\_\_

Number of brothers/sisters living at home \_\_\_\_\_ Number working \_\_\_\_\_

Age of sister(s) \_\_\_\_\_ Age of brother(s) \_\_\_\_\_

Is applicant presently employed ? \_\_\_\_\_ How long? \_\_\_\_\_ For whom? \_\_\_\_\_  
or volunteering?

Has applicant ever been employed or volunteered? \_\_\_\_\_ Reason for termination of employment

\_\_\_\_\_  
\_\_\_\_\_

Have there been unusual medical expenses in the home? (Please describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOLASTIC

Name of post secondary attending \_\_\_\_\_

Address of post secondary attending \_\_\_\_\_

Extracurricular activities in which applicant participated

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offices applicant has held in student or community organizations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POST SECONDARY

What is your major course of study? \_\_\_\_\_

Your grade level for the upcoming year - Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_

Expected date of graduation \_\_\_\_\_

State briefly what goals you have set for yourself and how the loan will help you meet the goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL

What is yearly cost of tuition? \_\_\_\_\_ Yearly incidental fees? \_\_\_\_\_  
(clothing, transportation, equipment, etc.)

Room and board per year? \_\_\_\_\_ Yearly laboratory fees? \_\_\_\_\_

Yearly cost of books, etc.? \_\_\_\_\_

Do you belong to a fraternity/ sorority? \_\_\_\_\_ Fraternity/Sorority cost \_\_\_\_\_

TOTAL EXPENSE \_\_\_\_\_

(a) Loan now asked for \_\_\_\_\_

(b) Money from other sources(source and amount):

(1) Other loan funds (name of fund) \_\_\_\_\_

(2) Corporations? \_\_\_\_\_

(3) Individuals? \_\_\_\_\_

(4) Scholarships \_\_\_\_\_

(5) Grants. \_\_\_\_\_

(c) Other obligations \_\_\_\_\_

INCOME

How much financial aid can the applicant depend on from home? \_\_\_\_\_

Summer work? \_\_\_\_\_ Work during school year? \_\_\_\_\_

Other income (interests, etc.) \_\_\_\_\_

State in full detail such other fact and circumstances, if any, which will show the need of financial help (Use other side of paper if needed).

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I hereby declare that I have read the foregoing statements and that to the best of my knowledge and belief they are correct. I express my approval of the acceptance of a loan under the given conditions, and will sign joint and several notes for the amount loaned. I will also keep an active address and telephone number of the applicant for future contact by the Foundation.

I respectfully petition that financial aid be granted to me for the year \_\_\_\_\_, such aid to be paid to me only in case I secure admission to a post secondary school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

MAIL TO: THE MASSILLON EDUCATIONAL LOAN FOUNDATION  
P O BOX 36852  
CANTON OH 44735