BUDGET

	(Name)		for school ye	ara	nd	
Fill out your estimated budget for the present school year, also your budget for the last school year, if you have bee in school before.						
RECEIPTS	Present Year	Last Year	EXPENDITURES	Present Year	Last Year	
Savings on hand			Tuition			
Earnings during year	The second second	The same of the sa	Other fees (Itemize)			
Financial aid from parents (State whether gift or loan)						
				-		
			Board			
F'			Room			
Financial aid from other sources (State whether gift or loan)			Books			
(State whether gift of loan)			Clothing			
			Health			
			Life Insurance			
Financial aid from college (Cash loan)			Laundry			
			Musical Instruments	-		
Other aid from college:			Organizations			
Free tuition			Recreation			
Scholarship			Travel expenses			
Free room			Miscellaneous Expense (Itemize)			
Free board	-					
Perkins Foundation Loan						
ΓΟTALS						
Remarks:						
ADDRESS						
HONE			Signed			

<u>Disbursement(s) of</u> <u>Perkins Foundation Loan</u>

Name:	for school year:	and			
Fill out this form indicating the dates and amounts as you estimate you will need the Perkins Foundation Loan.					
Dates:	Amount:				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
This total should be the same amount of loan requested on Budget Form.	\$				
School name:					
Year in school:	-				
Course of study:					
Add'l remarks:					

B.F. and ROSE H. PERKINS FOUNDATION

Current Address Information:

Name: Address: Email: Cell: _____ Phone: Co-signor: Alt. Phone: _____ Phone: Co-signor: _____ Address: ______ Alt. Phone: Phone: Is insurance information updated and on file with us? Yes Collateral Assignment? Yes Copy of transcript from last semester (min. 2.25 GPA)?: Yes _____ Expected Graduation Date: Signatures: Student's Signature: Date:

PERKINS FOUNDATION LOAN INFORMATION

Perkins Foundation does not send out payment booklets or notices. Please keep in mind that the following is YOUR responsibility:

- 1. Keep Perkins informed as to your correct address.
- 2. Notify Perkins when you graduate or are no longer attending school full time or not at all.
- 3. Keep your insurance up-to-date until your loan is paid in full.
- 4. Your grades must be kept at a 2.25 GPA or better to qualify for additional loans, and take at least 12 credit hours per semester.
- 5. Your payments will begin 6 months after graduation, or when you are no longer attending school.

:			
	Student		
		· ·	

CREDIT AUTHORIZATION

Please fill out and return with a voided check from your checkbook.

I authorize you and the financial institution listed below to initiate electronic entry to my CHECKING ACCOUNT or SAVINGS ACCOUNT (please circle one) each month. This authority will remain in effect until I have canceled it in writing.

writing.	ional. This audiority will remain in effect until I have	canceled it iii			
The deposit will be on the day of the month for \$					
	fect until the Company has received written notification such manner as to afford Company and Depository and Deposit	1 `			
Name (Please Print)	Financial Institution				
Signature	City/State				
Dele	ACCOUNT NUMBER				
I understand the company will notify me in writing 10 days prio any transaction that exceeds the agreed upon amount of	or to ROUTING and TRANSIT NUMBER				

B.F. & ROSE H. PERKINS FOUNDATION

Initial

I understand that the above company may initiate a reversal of any entry made under this agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide to me the procedures for resolving errors on entries made under this agreement. I understand that the company will provide a written notice to me of the error within 24 hours.

White DDEI Describing Einspelal Institution (Customer's Bank) on reques

Pink-Company

Vallow-Customa