

NAME: _____

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY NUMBER: _____

**THE B. F. AND ROSE H. PERKINS
FOUNDATION**

Application for Educational Loan

**P.O. OFFICE BUILDING
45 E. LOUCKS, SUITE 110
P.O. BOX 1064
SHERIDAN, WY 82801**

(307) 674-8871

B.F. and Rose H Perkins Foundation, in its sole and absolute discretion, has the authority to determine whether a student meets qualifications for loan approval.

RULES AND REGULATIONS

1. Money in amounts available and approved by the Board of Trustees of B.F. and Rose H. Perkins Foundation will be loaned as follows:
 - a. For post-secondary educational purposes;
 - b. To needy and worthy young men and women ("student borrowers") who are under 21 years of age at the time of initial application filing;
 - c. If the student borrower has resided in Sheridan County, Wyoming for more than one year; and
 - d. If the student borrower graduated from an accredited high school located in Sheridan County, Wyoming, or obtained a GED from an accredited high school or college located in Sheridan County, Wyoming.
2. Loans are also available to applicants who are under 21 years of age at the time of initial application filing and who have resided in Sheridan County, Wyoming for more than one year, for the purpose of attending vocational schools or trade schools.
3. The student borrower shall sign a promissory note pledging to repay loan funds at the suggested rate in the repayment schedule starting in the sixth month after graduation or termination of schooling. The promissory note shall be co-signed by the student borrower's parents or legal guardian unless waived by the Foundation Board of Directors.
4. The loan shall be without interest unless, the student borrower defaults on the loan as provided in the promissory note.
5. Money borrowed from the B.F. and Rose H. Perkins Foundation shall become due and payable for the full amount of the promissory note if the money is used for any purpose other than for the student borrower's post-secondary education.
6. If the student discontinues school for any reason, payments on the promissory note shall begin no later than the sixth month after leaving school.
7. Transcript of grades must be sent to the Foundation at the end of each reporting period. A grade point average of 2.50 or greater is required for the initial loan. A grade point average of 2.25 or higher per grade period is required for additional loans.
8. Students are required to attend school "full time" which requires 12 credit hours minimum per semester or 6 credit hours minimum per quarter, unless attending graduate or summer school.
9. In order to qualify for financial assistance, student borrower and parents or guardians must have completed and signed the application form and submitted a copy of each of their most recent Federal Tax Return. If student borrower, parent or guardian has not filed a Federal Income Tax Returns, please state so.
10. A life insurance policy is required on the life of the student borrower in an amount at least equal to the amount to be borrowed until graduation. The policy must be kept in force until the loan is paid in full. A collateral assignment must be furnished to the Foundation either on a new or existing policy. Failure to keep it in force until the loan is paid in full will cause the entire loan to become due and payable.
11. Any change of address for the borrower and coborrower(s) including a school address, must be reported promptly until the loan is paid in full.

(1) Have any of your other children previously or presently received any student loans from the Foundation:
_____ YES _____ NO

(2) If yes, please list their names, year in school, and completion dates: _____

(3) Student borrower's personal assets, including values: _____

Father (Male Guardian)

Social Security Number: _____

_____ Living _____ Deceased

_____ Married _____ Divorced**

**If yes, is child support being received: _____

Number of Dependents living at home: _____

Ages of Dependents living at home: _____

Number of Years Living In Sheridan County: _____

Do You Own Your Home _____ or Rent _____

Name & Address of Employer: _____

Work Number: _____

Self Employed: _____

Number of Years on Present Job: _____

Previous Employer if Less Than 2 Years on Present Job: _____

MONTHLY (OR YEARLY) INCOME

Father:

Base Income: _____

Overtime: _____

Bonuses: _____

Commissions: _____

Dividends / Interest: _____

Rent Income: _____

Other Income: _____

Total Amount of All Assets Now Owned: _____

Total Amount of All Liabilities: _____

Mother (Female Guardian)

Social Security Number: _____

_____ Living _____ Deceased

_____ Married _____ Divorced**

**If yes, is child support being received: _____

Number of Dependents living at home: _____

Ages of Dependents living at home: _____

Number of Years Living In Sheridan County: _____

Do You Own Your Home _____ or Rent _____

Name & Address of Employer: _____

Work Number: _____

Self Employed: _____ House Wife _____

Number of Years on Present Job: _____

Previous Employer if Less Than 2 Years on Present Job: _____

MONTHLY (OR YEARLY) INCOME

Mother:

Base Income: _____

Overtime: _____

Bonuses: _____

Commissions: _____

Dividends / Interest: _____

Rent Income: _____

Other Income: _____

Total Amount of All Assets Now Owned: _____

Total Amount of All Liabilities: _____

To the best of our knowledge, all of the information contained in this application is true and correct.

Father (Male Guardian)

Date

Mother (Female Guardian)

Date

FORMAL REQUEST:

I hereby apply for an interest free loan from B.F. and Rose H. Perkins Foundation in the amount of \$ _____ per year for educational purposes.

If this application for loan is granted, I agree to abide by the rules and regulations stated above and I pledge myself to fulfill all of the requirements placed upon me.

The B. F. and Rose H. Perkins Foundation is a Wyoming non-profit foundation which funds and operates a student loan program. Accordingly, the borrowers are applying for an educational loan made under a program funded by a Wyoming non-profit foundation.

Notice to Parent/Guardian as Co-Borrower: You may have to pay the full amount of the debt if the student borrower defaults on this student loan. In that event, you will be liable for the interest, attorney fees and collection costs as provided in the promissory note. The Foundation is entitled to collect the amount due under the promissory note from you without first attempting to collect from the student borrower.

DATE: _____

SIGNATURE OF STUDENT BORROWER

SIGNATURE OF CO-BORROWER (PARENT/GUARDIAN)

SIGNATURE OF CO-BORROWER (PARENT/GUARDIAN)

ACTION OF TRUSTEES

We, the Trustees of the B.F. and Rose H. Perkins Foundation have duly investigated the eligibility of the named applicant for a student loan. The Trustees have found the applicant to be eligible _____ ineligible _____ for aid in accordance with the requirements of the Foundation and the application is hereby approved/disapproved for the sum of: \$ _____

Chairman

CREDIT AUTHORIZATION

To all consumer reporting agencies and to all creditors, depositories and employers of the undersigned:

Please be advised that the undersigned, and each of them, has made an application to **THE B.F. and ROSE H. PERKINS FOUNDATION** ("Lender") requesting an extension of credit to the undersigned. Therefore, the undersigned, and each of them, hereby authorizes you to provide a credit report and a disclosure of balance and payoff information, past or present employment and earnings records, landlord references and rental payment history, investment accounts and any other asset valuations to Lender or any agent of Lender. The undersigned also authorizes you to disclose your deposit or credit experiences with the undersigned to Lender or any agent of Lender.

In addition, the undersigned, and each of them, hereby authorizes Lender to disclose to any third party, or any agent or employee thereof, information regarding the deposit or credit experience with any of the undersigned. The information Lender obtains is to be used only in the processing of the undersigned application for extension of credit with the Lender.

A copy of this authorization bearing a copy of the original signature(s) of the undersigned may be used as a duplicate original.

Date: _____

_____ (Borrower) SSN: _____

_____ (Co-Borrower) SSN: _____

_____ (Co-Borrower) SSN: _____

BUDGET

for school year _____ and _____

(Name) _____

Fill out your estimated budget for the present school year, also your budget for the last school year, if you have been in school before.

RECEIPTS	Present Year	Last Year	EXPENDITURES	Present Year	Last Year
Savings on hand	_____	_____	Tuition	_____	_____
Earnings during year	_____	_____	Other fees (Itemize)	_____	_____
Financial aid from parents (State whether gift or loan)	_____	_____	_____	_____	_____
Financial aid from other sources (State whether gift or loan)	_____	_____	Board	_____	_____
Financial aid from college (Cash loan)	_____	_____	Room	_____	_____
Other aid from college:			Books	_____	_____
Free tuition	_____	_____	Clothing	_____	_____
Scholarship	_____	_____	Health	_____	_____
Free room	_____	_____	Life Insurance	_____	_____
Free board	_____	_____	Laundry	_____	_____
Perkins Foundation Loan	_____	_____	Musical Instruments	_____	_____
			Organizations	_____	_____
			Recreation	_____	_____
			Travel expenses	_____	_____
			Miscellaneous Expense (Itemize)	_____	_____
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____
TOTALS	_____	_____		_____	_____

Remarks:

ADDRESS _____

PHONE _____

Signed _____

Disbursement(s) of
Perkins Foundation Loan

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: _____

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.

The deposit will be on the _____ day of the month for \$ _____.

The authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name (Please Print)

Financial Institution

Signature

City/State

Date

ACCOUNT NUMBER

I understand the company will notify me in writing 10 days prior to any transaction that exceeds the agreed upon amount of _____ by more than _____.

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.