

INDEPENDENT BANK ADDRESS / CONTACT PERSON:

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St. Michael Catholic School

TUITION LOAN APPLICATION

CREDIT REQUESTED

Account Requested: Individual Joint	Amt. Requested	Loan Term: June - April Only	20__ - 20__
We intend to apply for joint credit.	School		
Applicant Co-Applicant	Student Name		

APPLICANT INFORMATION

Applicant's Full Name (First M.I. Last)		Social Security #	Date of Birth	Email Address	
Home Phone	Cell Phone	Driver's License #	DL Expiration	Age Dependents	No. Dependents

ADDRESS INFORMATION

Home Address (Street, City, State, Zip Code)	Since	Own Rent
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EMPLOYMENT INFORMATION

Applicant's Employer		Business Address (Street, City, State, Zip Code)			
Type of Business	Bus. Phone Number	Title/Position	Since	Salary per	

CO-APPLICANT INFORMATION: Borrower Cosignor Guarantor Other _____

Co-Applicant's Full Name (First M.I. Last)		Social Security #	Date of Birth	Email Address	
Home Phone	Cell Phone	Driver's License #	DL Expiration	Age Dependents	No. Dependents

ADDRESS INFORMATION

Home Address (Street, City, State, Zip Code)	Since	Own Rent
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EMPLOYMENT INFORMATION

Applicant's Employer		Business Address (Street, City, State, Zip Code)			
Type of Business	Phone Number	Title/Position	Since	Salary per	

APPLICANT SIGNATURES

In applying for this loan, I certify that the statements contained herein are true. I understand that any willful misrepresentations on this statement could result in a fine and/or imprisonment under provisions of U.S. Criminal Code. The Bank is authorized to obtain any information which it deems necessary for approval. As long as Bank remains holder of my Note, it may share any information regarding my Note including, but not limited to, my (our) payment history, with St. Michael Catholic Church (Guarantor) and I (we) hereby consent to the sharing of such information with St. Michael Catholic Church by Bank.

Applicant's Signature/Date

Co-Applicant's Signature/Date