



Student tuition loan

School Year 2024-2025

Horizon Bank is proud to offer a tuition loan program with Our Lady of the Lake Catholic School. The loan has a 14.74% APR* with an interest rate of 6.00% up to 10 months.

Contact an Advisor today to see how we can help.

St. Joseph
811 Ship Street
269-982-3200

HorizonBank.com



INSTALLMENT LOAN APPLICATION

Type of Credit: Individual ☐ Joint ☐

We intend to apply for joint credit:

Applicant: _____ Co-Applicant: _____

Amount Requested: \$ _____ Purpose: _____

APPLICANT	NAME(FIRST) (INITIAL) (LAST)			DATE OF BIRTH		SOCIAL SECURITY NUMBER	
	STREET ADDRESS			NUMBER OF DEPENDENTS INCLUDING YOURSELF		AREA CODE TELEPHONE NO.	
	CITY STATE ZIP CODE			AT PRESENT ADDRESS		OWN RENT OTHER	
	PRESENT EMPLOYER OR NAME OF BUSINESS IF SELF EMPLOYED			HOW LONG EMPLOYED		POSITION GROSS MONTHLY INCOME	
	EMPLOYER'S ADDRESS CITY STATE ZIP			AREA CODE		TELEPHONE NUMBER	
	ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.						
ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE RECEIVED UNDER: <input type="checkbox"/> COURT ORDER <input type="checkbox"/> WRITTEN AGREEMENT <input type="checkbox"/> ORAL AGREEMENT							
SOURCE OF OTHER INCOME: _____ AMOUNT \$ _____ / PER _____							

CO-APPLICANT	NAME(FIRST) (INITIAL) (LAST)			DATE OF BIRTH		SOCIAL SECURITY NUMBER		RELATIONSHIP TO APPLICANT	
	STREET ADDRESS (if different from applicant) CITY STATE ZIP			AREA CODE		TELEPHONE NUMBER			
	PRESENT EMPLOYER or NAME OF BUSINESS IF SELF EMPLOYED			HOW LONG EMPLOYED		POSITION		GROSS MONTHLY INCOME	
	EMPLOYER'S ADDRESS CITY STATE ZIP			AREA CODE		TELEPHONE NUMBER			
	ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.								
	ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE RECEIVED UNDER: <input type="checkbox"/> COURT ORDER <input type="checkbox"/> WRITTEN AGREEMENT <input type="checkbox"/> ORAL AGREEMENT								
SOURCE OF OTHER INCOME: _____ AMOUNT \$ _____ / PER _____									

Referral Authorization

Customer acknowledges and consents to the referral of matters in this application to any affiliate or subsidiary of Bank for review. Customer further authorizes any subsidiaries of Bank to whom any application is referred to make whatever inquiries they consider necessary and appropriate to review the application, including requesting a credit report from consumer credit reporting agencies and subsequently for any update, renewal, extension of payment, review for collecting or unilateral offers of extension of credit. Customer agrees that as a result of the referral terms, and conditions offered by the affiliate or subsidiary of Bank may differ from the terms and conditions originally offered by the Bank for any deposit, loan, investment or trust account application.

The information listed, and or attached is given to obtain a loan with Horizon Bank. I/we hereby authorize Horizon Bank to obtain information from others concerning my/our credit standing, employment and/or income that may impact this application. I/we agree that Horizon Bank may provide information about my/our account to third-parties for the purposes authorized in this application and servicing the loan, including Lake Michigan Catholic School I/we certify that the above statements are true and that no information known to me called for herein has been omitted. Verification may be obtained from any source named herein. This application shall remain the property of Horizon Bank, Michigan City, Indiana.

Your Signature _____ Date Signed _____
Your Signature _____ Date Signed _____



MEMBER FDIC