

2010 CHARLES E. SCHELL FOUNDATION LOAN REQUEST FORM

Use this form to request a Schell Foundation loan. Please borrow only what you need for your education. Schell loans require repayment without interest. If you have questions on completing this form, contact the Office of Financial Aid at 734/462-4433.

Student SS#: ____ -- ____ -- ____ Student No: _____ Date of Birth: ____ / ____ / ____

Last Name _____ First Name _____ Middle Initial _____

Street Address: _____ City _____ State: ____ Zip Code _____

Driver's License # _____ State: _____ Permanent Phone (____) ____ - _____

<p>TO REQUEST A LOAN YOU MUST:</p> <p><i>(Requests that do not comply with the following will not be considered)</i></p> <ul style="list-style-type: none"> ➤ Apply & complete the financial aid application process (FAFSA) ➤ Have a 2.0 grade point average & 67% course completion rate ➤ Be resident of Michigan; between 18-25 years of age <p>Funds requested for the following semester(s):</p> <p style="text-align: center;">Winter _____ Spring _____</p> <p>You must enroll in and attend at least 6 credit hours in EACH semester a loan is requested.</p>	<p>LOAN AMOUNT REQUESTED</p> <p style="text-align: center;">\$ _____</p> <p>Maximum amount per semester up to \$2,000 per academic year.</p> <p>ESTIMATED GRADUATION/TRANSFER DATE (from Schoolcraft College)</p> <p style="text-align: center;">_____ / _____ Month Year</p> <p style="text-align: center;"><u>CHECK SPECIAL PROGRAM</u></p> <p>CRIMINAL JUSTICE _____ EMT _____ FIRE ACADEMY _____ *CULINARY _____ *NURSING _____ (*second year of program)</p> <p>If you do not register for and attend the specific courses, the loan will be revoked.</p>
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STUDENT CERTIFICATION:

- I understand I must complete the C.E. Schell Promissory Note that contains my promise to repay the loan to assist other students.
- I must enroll and attend at least 6 credit hours to receive loan funding.
- I understand the obligations and terms of borrowing from the Schell Foundation.
- I authorize Schoolcraft College to credit loan funds to my student account.
- I authorize Schoolcraft College to charge tuition, fees, books, and supplies to my Financial Aid and/or loan. I also agree I am responsible to pay any balance should my total financial aid not be sufficient, reduced and/or denied.

X _____

Student Signature

Date

Fax, mail or bring this form to:	Schoolcraft College, Office of Financial Aid 18600 Haggerty Road, Livonia, MI 48152 Email: finaid@schoolcraft.edu	Phone: 734/462-4433 Fax: 734/462-4527
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