Rotary Club of Lititz	Student Loan Application	Date:
Applicant's Name:		
Applicant's Address:		
Social Security Number:	Telephone Num	nber:
Email Address:	Cell Phone Nu	mber:
Parents' / Guardians' Name	s:&	
Parents' / Guardians' Addre	ess:	
Parents' / Guardians' Phone	e Number:	
College or Learning Program	m you plan to attend in 2017-2018:	
Anticipated Major Course o	of Study:	
Status for 2017-2018 acade	mic year - Circle one: Fr So	Jr Sr
Specify the amount requested dependent on the total number Lititz Student Loan Fund.	ed as a recipient of a Student Loan for the ded \$ The amount of each ber of loans requested and the funds available Maximum that will be considered is four years will be considered, or five year efined by the institution.)	loan presented will be ilable in the Rotary Club of \$1000.00. (Only one loan
Signature of Applicant:		_ Date:
Signature of Parent/Guardia	nn:	Date:
Signature of Parent/Guardia	nn:	Date:
Following a decision by the	Rotary Club of Lititz you will be notified	ed when the loans will be

Following a decision by the Rotary Club of Lititz you will be notified when the loans will be disbursed (around the end of July 2017) and the amount you will receive. If you do receive a loan you and your parents will be required to sign a Note, which will evidence the amount of the loan, the rate of interest, and the repayment terms. Parents/guardians assume the responsibility of repayment of the loan and interest if the student does not repay according to the repayment schedule.

Please complete this application and send it to Rotary Club of Lititz Student Loan, P.O. Box 661, Lititz, PA 17543. Keep the attached information page for your records. Applications must be received by June 1, 2017 to be considered. If you have any questions write to the P.O. Box and include your phone number so a member of the committee can get back to you.