

Private Loan Application/Promissory Note and Credit Agreement**STUDENT BORROWER INFORMATION**

 Last Name First Name MI Suffix (Jr, III) Social Security Number (SSN)

 Government Issued Identification and Name of Government Agency State of U.S. ID#

 Permanent Street Address (PO boxes not accepted) Apt City State Zip

 Permanent Telephone Number Date of Birth Email Address

(if less than 5 years at current address please fill out prior mailing address below)

 Current Street Address (if different from permanent address) Apt City State Zip

 Prior Mailing Address (if less than 2 years at current address) Apt City State Zip

Please check one US Citizen Permanent Resident

School I am or will be attending:

Saint James School of Medicine

Academic period from: _____

LOAN REQUEST INFORMATION:

\$ _____ (not to exceed \$4,500 in any one semester or \$ _____ in the aggregate).

Semester Loan is being applied for: _____, 20 _____

(This amount will be automatically reduced to reflect the aggregate education loan limits, aggregate loan program limits or annual borrowing limits associated with the loan program you have selected or to reflect a lesser amount certified by your school)

REPAYMENT TERMS:

Any loan request will be handled and evaluated separately and there shall be no obligation to make any loan. Students must remain enrolled and in good standing with a GPA of at least 3.0 and all fees paid in order to qualify for any loan. Terms and interest rate will be determined according to Delta Financial Solutions, Inc.

EMPLOYMENT INFORMATION

 Name of Current Employer Occupation Years Months Work Telephone Number
(time at present Employer)

 Employer Street Address Ste. City State Zip

(Alimony, child support or separate maintenance income do not need to be revealed if you do not wish to have it considered as a basis for repaying this loan.)

Household Income: _____

 Name of Previous Employer Occupation Years Months Work Telephone Number
(if less than 2 years at current position)
(time at previous Employer)

REFERENCE INFORMATION (Reference cannot be the cosigner, the same person as the cosigner's reference, or live with either you or the cosigner)

 Last Name First Name Telephone Number Relationship to Student

 Street Address Apt City State Zip

