



Scholastic Loan Application

Applicants and their parents or guardians are requested to familiarize themselves with the Requirements for Scholastic Loans before filling in this application. The applicant's parent or guardian must be a member in good standing with the Society for a minimum of three (3) years in order to qualify. The Board of Directors will determine the maximum amount of each annual loan.

STUDENT NAME: _____ SSN#: _____

HOME ADDRESS: _____

PHONE No.:() (home) () (mobile)EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

HIGH SCHOOL NAME: _____ GRADUATION DATE: _____

HIGH SCHOOL ADDRESS: _____

Have you previously been enrolled in any post secondary school? If so, give name, address of school and years attended:

Have you been accepted for enrollment or are you presently enrolled at an institute of higher education? **Yes / No**

If so, give name and address of institute / course of study and anticipated degree:

When do expect to graduate from the above institute of higher education? _____ (date)

If the academic period covered by the requested loan is in graduate study, give name of institution; degree earned; date of graduation: _____

CERTIFICATION OF APPLICANT: I certify that the information given herein is true and correct, and the Society is hereby authorized to verify same. The funds for which application is made are necessary to permit me to pursue my education and will be used solely for that purpose. I fully understand my obligations incurred by the acceptance of this loan, both as to usage of the sum provided and conditions agreed for repayment.

SIGNATURE of APPLICANT: _____ DATE: _____

TO BE COMPLETED BY THE SMPE MEMBER PARENT OR GUARDIAN

MEMBER NAME: _____ MEMBER STATUS: _____ DATE JOINED: _____

HOME ADDRESS: _____

PHONE No.:() (home) () (mobile)EMAIL: _____

CERTIFICATION OF MEMBER: I have read the foregoing application in full and hereby state that to my knowledge my child is applying for aid to further his/her education at the above listed school.

SIGNATURE of MEMBER: _____ DATE: _____

1 Applicant Name: _____ Member Name: _____ Date Fund Requested: _____



PROMISSORY NOTE:

I / WE promise to repay the SMPE the full amount of the loan received, which will be interest free, under the following conditions: Payment is to be made for each one year loan beginning in the fifth year after the loan date, after the loan date, after completion of a normal four year program. Each one-year loan is to be repaid within twelve months of the termination of the student's studies, even if not graduated. Payments may be made monthly at the rate of the one-twelfth the amount of the loan. For example, a \$1,500 loan would be repaid at the rate of \$125 per month. The student agrees to keep the Society informed regarding changes in his/her address and telephone number.

I /WE acknowledge that if timely repayment is not made in accordance with the conditions above, interest will accrue at the rate of one percent per month on the unpaid balance until the loan is repaid in full. We acknowledge and accept all the stipulations of the scholarship loan information for applicants and their parents of guardians.

SIGNATURE of APPLICANT: _____ **DATE:** _____

MEMBER Co-SIGNATURE: _____ **DATE:** _____

FOR SMPE BOARD USE

APPROVED AMOUNT: _____

DATE APPROVED: _____

[ATTACH BOARD MINUTES]

CHECK NO.: _____

CHECK DATE: _____

DELIVERED – MAIL ___/ HAND _____

2 **Applicant Name:** _____ **Member Name:** _____ **Date Fund Requested:** _____