APPLICATION FOR A LOAN
FROM
NEW YORK STATE GRANGE STUDENT LOAN FUND

GRANGE VERIFICATION

We hereby certify that __________________________ has been a member in attendance (Name of Applicant) for at least six months and is in good standing of ___________________________ Grange. We recommend this applicant as a person of good character and one who is deserving of the aid of this Fund.

Signed ___________________________ President (Master)

___________________________ Secretary

(Seal of Grange)

Note: If the Master and/or Secretary of the applicant’s Grange is the applicant or the guardian of the applicant, then other elected officers of the Grange should be substituted to sign the application.

IMPORTANT NOTICE

1. Do not apply for more than $1,000.00 per semester or $2,000.00 per year.

2. Applicant must have been a member of a New York State Subordinate/Community Grange for at least 6 months and be in good standing when applying for the loan.

3. If a loan is granted, the student will be expected to repay the loan within the loan terms stated in this application. This financial obligation is as great as though the money was borrowed from any other source. There is even greater obligation as this assistance has been made possible by the fraternal cooperation of all Granges in New York State.

4. Please write clearly, fill out all forms and send to:

   New York State Grange
   Student Loan Fund
   100 Grange Place
   Cortland NY 13045
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Student’s Reference

Name (please print)______________________________________________________________

Home Address: ________________________________________________________________

____________________________________________________________________________

DOB:____________________________ SS#:____________________________________

Address when in School/College (if known) ______________________________________

____________________________________________________________________________

College or School Name and Address:___________________________________________

____________________________________________________________________________

Phone Number: Home:_________________________________Cell:______________________

Email Address:________________________________________________________________

Previous Schooling:____________________________________________________________

Father’s Name:_________________________________Occupation:_____________________

Father’s Address:________________________________________________________________

Mother’s Name:_______________________________ Occupation:_______________________

Mother’s Address:________________________________________________________________

Estimated Expenses for the year: ________________________________________________

What courses/major in school are you taking?_____________________________________

How Many years will your education take to complete?______________________________

How many loans will you require:_______________________________________________

Date you expect to complete education:__________________________________________
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Below please list your Grange activities and involvement (include Subordinate, Pomona and State.)

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Date

I, _____________________________________________ being _________years of age and a member of ________________________Grange in good standing, hereby apply for a loan of $_______________ from the New York State Grange Student Loan Fund for a period of ________ years to enable me to attend ______________________________________ School/College.

If I receive a loan, I agree to pay interest at a rate of two and one-half percent annually and principle starting with the first payment being due within 30 days of six months after my graduation date, followed by monthly payments due by the last day of each month. I further agree to pay the loan in full upon graduation within the loan terms and no longer than six years after completion of my education. I have read these rules governing the use of the Fund.

_____________________________________________
Applicant’s Signature

I, ___________________________________________, do hereby guarantee repayment of above said (Print name of co-signer)
loan if applicant defaults within the loan terms.

_____________________________________________
Co-Signer Signature

Co-Signer’s Address: ____________________________________________________________

___________________________________________________________

(Do not write within this box. For NYSG Loan office use only.)

This loan was approved on ______/_____/______ by ________________________
Applicant notified by Email/letter/phone. Loan Number:________________________

Of the total loan requested in this application, the loan amount to be borrowed for the next semester is: $___________________ (Maximum $1,000.00 per semester)

Applicant’s Signature _______________________________________________
Co-Signer Signature _______________________________________________