

Quota International, Inc
Sixth District's Assistance and Loan Fund - Application for Loan

Last Name _____	First Name _____	MI _____	Social Security No. _____
			Date of Birth _____
Applicant's Permanent Home Address:		Applicant's School Address	
Street _____		Street _____	
City _____		City _____	
State _____ Zip _____		State _____ Zip _____	
Phone _____		Phone _____	
Loan Amount Requested: (\$5,000 maximum)		Loan Period (2 years)	
Amt _____ Date _____		From (Mo/Yr.) _____ To (Mo/Yr) _____	
Grant Amount Requested: (\$1,000 maximum per year) _____			
Marital Status: _____ Total No. of Dependents: _____		Total Amount of Applicant's Income	
		\$ _____ per week _____ per month _____ per year	
Are you speech/hearing impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, extent of loss? _____ Attach copy of audiogram.			
What is your college status? <input type="checkbox"/> Graduate <input type="checkbox"/> Senior <input type="checkbox"/> ASL Interpretation			
While in school, applicant intends to live:		Previous education financial aid obligation?	
With Parents On Campus Off Campus		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Amount _____ Source _____	
Major _____ University _____		Will further financial aid be needed? Yes No	
Degree you are pursuing _____		Amount \$ _____	
Expected Date of Graduation _____			
Co-Signer: (required for promissory note)			
Name _____ First Name _____ MI _____ - SS # _____			
Street _____			
City _____ State _____ Zip _____			
Phone: _____ Relationship _____			
Personal Reference: (Permanently Located)		Personal Reference: (Permanently Located)	
Name _____		Name _____	
Address _____		Address _____	
Phone: _____		Phone: _____	

Note: Loans are 2-year, interest-free, and require a co-signer. Requests for financial assistance cannot be processed until application, two letters of reference, grade transcripts, and proof of acceptance into the graduate program are received.

Applicant's Responsibility

I, the applicant, certify that the information contained in this application is true, complete and correct to the best of my knowledge and belief and is made in good faith. My signature below also certifies that I agree to make regular repayments as scheduled by the Assistance and Loan Committee to begin at the end of the two-year loan period.

Signed _____ Date _____

Please mail all material to:

Amy Meluch
1319 W. Market Street
Orrville, OH 44667