

**APPLICATION FOR STUDENT LOAN MEDICAL DENTAL PROCUREMENT BOARD
ROCKFORD CHAMBER OF COMMERCE, ROCKFORD,**

Application to be completed after graduation and returned to The Medical-Dental Procurement Bd. of the Rockford Chamber of Commerce,
% Evelyn Beerbower, 3384 Rockford-West Rd. Rockford, OH. 45882-9402

Personal Information:

Applicants Name: _____
Address: _____
Birth Date: _____ Phone: _____
Married: Yes _____ No _____ Divorced: Yes _____ No _____ If Yes Name of Spouse: _____
Address: _____
Parents: Names and Ages _____
Siblings: Names and Ages _____

Your Educational Record:

Are you a graduate of Parkway? _____ Year? _____ Class Rank _____ out of _____
Have you attended college? _____ If so where: _____
What college do you plan to attend? _____
When do you expect to graduate and become employed? _____
What other financial assistance will you be receiving, such as grants or scholarships? _____

Will you be working part time while in school? _____ How much? _____
Will your parents or spouse give you financial assistance? _____ If so, how much? _____

These interest-free loans, in the amount of up to \$1000.00 per year, are to be granted according to the following provisions:

- The recipient must be entering the field of Medicine or Dentistry.
- The recipient must be planning to obtain a degree from a college or technical school that offers an accredited course.

Payment of the Loan is due one year from the month and year in which graduation from a regular college or technical school occurs. There are no interest charges as long as the recipient pays the full amount of the loan one year after graduation. If any payment ()n this note is not paid when due, then the entire unpaid principle shall at once become due and payable, at the option of the holder hereof, and bear interest at six percent (6%) per annum compounded quarterly until paid. Repayment shall be paid in full at anytime, or on a quarterly basis, per annum, not to exceed three (3) years, from the original due date.

However, in the event of failure to continue my college education, or a change of my major from the Medical~Dental Field, then the entire principal shall be due one month after said failure to enroll.

Do you understand that it is the responsibility of the student to provide the Board with their student status and grade information each grading period? Failing to comply may jeopardize your loan status!

As to repayment of the loan without interest, do you understand that normal repayment will start 12 months after graduation? _____

Do your parents or spouse or guardian understand that they must co-sign the Note? _____

Briefly tell us why you are going to seek further education and what your plans are for the future. _____

If your loan status is satisfactory you will be receiving a Cashier's check for \$500.00 after August 15, and \$500.00 after January 15.

- The undersigned consents to release of student status and grade information to the Board. A photocopy of this release shall be valid at any time any application or loan is outstanding.
- You will be notified of the action of the Board on this application.
- Signature _____
- Date _____