

DALLAS HEBREW FREE LOAN ASSOCIATION

STUDENT LOAN APPLICANT

STUDENT APPLICANT, PLEASE READ BEFORE FILLING IN THIS FORM:

This application will not be considered complete unless accompanied by the Student aid report (SAR) from the FAFSA. You must also give your consent (signature at bottom of this page) for a credit report to be obtained.

Date: _____ Are you of the Jewish Faith? Yes No
_____ Have you ever applied for a loan from the DHFLA? Yes No When? _____
_____ Have you ever received a loan from the DHFLA? Yes No When? _____

From whom did you hear about the Dallas Hebrew Free Loan Association. _____

PRINT NAME (First) (Middle) (Last) Age Birth Date Soc Security No. Driver's License #

Address (City) (Zip Code) Home Phone Cell phone

Name of School Attending Rank (Freshman, etc.) G.P.A

I require funding starting (semester/year) Month/year for Graduation

Financial Aid: \$ Grants \$Loans \$ Work/study

Parent's personal email Parent's Employer Parent's Employer's Phone

Student's personal email Student's employer Student's Employer's Phone

Extenuating/or Unique Circumstances (Financial & nonfinancial)

Activity in Jewish Community (please describe):

Awards, other service activities, anything else you would like us to know:

The above information is for the purpose of obtaining credit, and is warranted to be true and correct. I hereby authorize the Dallas Hebrew Free Loan Association and its agents to investigate the references herein listed, statements, other data obtained from me or any other person pertaining to my credit and financial responsibilities. A true and correct copy of this authorization shall be sufficient authorization to any person, company or organization to furnish any information requested.

I furthermore agree to give the DHFLA written notice immediately upon change of name, address, employment or any other pertinent information.

Signature of Applicant (and Co-applicant Spouse if applicable) _____ Date _____

Social security number of co-applicant Spouse (if applicable) _____ - _____ - _____

CO-SIGNER CONTACT INFORMATION

CO-SIGNER NO. 1

PRINT NAME (First) (Middle) (Last)

Address: (No. & Street) (City) (Zip Code) Home Phone No.

Cell Phone No. Home Email Address:

Work Email Address

CO-SIGNER CONTACT INFORMATION

CO-SIGNER NO. 2

PRINT NAME (First) (Middle) (Last)

Address: (No. & Street) (City) (Zip Code) Home Phone No.

Cell Phone No. Home Email Address:

Work Email Address

CO-SIGNER CONTACT INFORMATION

CO-SIGNER NO. 3

PRINT NAME (First) (Middle) (Last)

Address: (No. & Street) (City) (Zip Code) Home Phone No.

Cell Phone No. Home Email Address:

Work Email Address

OFFICE COMPLETEFAFSA submitted YES NO Cosigner Release Signed 1 2 3

Cosigners contacted? Date By

LOAN COMMITTEE COMPLETE

Amount of Loan Requested Amount of Monthly Repayment Date Repayment Commencing

\$ \$

COMMITTEE COMMENTS:

LOAN APPROVED YES NO

REASON FOR REJECTION:

PROCESSED BY:

LOAN COMMITTEE APPROVAL BY:

DATE APPROVED:

CHECK AMOUNT

CHECK NO.