J. H. MATHEWS MEMORIAL FUND ~~ STUDENT LOAN APPLICATION
FORM EXPIRATION DATE JUNE 30, 2026

Full Legal Name   Social Security Number   Date of Birth

Chapter   College/University   Email Address

Residential Address

City, State, Zip   Day/Cell Phone   Email Address

Parent's/Guardian's Full Name   Relationship

Parent's/Guardian's Residential Address

City, State, Zip   Phone   Email Address

Amount of Loan Requested: ($500-$6,000)

Purpose for which loan is to be used for:

Repayment Schedule: I agree to begin repayment no later than 6 months following graduation (month/year)   and to repay at the rate of $ per month. Minimum monthly payment is $20 for up to $500 borrowed; $40 for $1,000, $60 for $1,500, $80 for $2,000, $160 for $4000, and $240 for $6,000 borrowed.

Interest on Loan: I understand that interest will be charged at the rate of **6.39%** per annum and that regardless of repayment schedule, <u>interest MUST BE PAID ANNUALLY</u> on the anniversary date of the loan. When repayment starts, interest will be charged only on the unpaid balance calculated on a monthly basis at the rate of one-twelfth (1/12) the annual percentage rate per month. If interest is not paid on schedule, it will be added to the principal.

Conditions: I understand that if this application for a loan is granted, that it will be necessary for me to sign a Promissory Note covering the amount of the loan and <u>I will be liable for any expense</u> incurred by Alpha Chi Sigma Educational Foundation in collecting in full, the principal and interest should I fail to meet my obligations as scheduled.

APPLICANT'S SIGNATURE _____ DATE

Co-Signer for Applicants who are under 21 years of age: If the loan is granted, I agree to co-sign the Promissory Note and be held liable for the full amount, including collection expenses, should the applicant fail to pay.

Full Legal Name   Relationship   Phone

Address   City, State, Zip

CO-SIGNER SIGNATURE _____ DATE

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Chapter Advisor Approval: I have read this application and find that the above information is correct to the best of my knowledge.

_____   _____ _____

Print Name   Signature   Date