APPLICATION FOR GRANT TOWARDS EDUCATIONAL LOANS – Confidential Information

Name:		Date:		
Address:			Zip:	
Telephone: (H)(O) _	E-Mail:			
Marital Status:Number of De	ependents(including spouse)_	Ages of Childrer	1:	
Church Membership maintained at:				
Seminary Attended:		Degree	_Year	
Ordination Status:(Church Ordained at:	Year:	_	
ABC Ordination: Yes No Region		Date		
If no, is your ordination ABC recognized	d? Yes No Region	Date		
Current Ministry and/or Work Location/s:				
How Long in Position/s:				
Bi-Vocational: Yes No				
STUDENT LOANS OUTSTANDING: (Please List All Loans; use extra pages if necessary)				
Loan 1: Initial Amt: \$	Type of Loan: Stafford Subsi	dized Unsubsidized_	Year	
Loan Obtained: Years Re	emaining on Loan: Ha	ve You Ever deferred the I	oan? YN	
Current Outstanding Balance: \$ Have you ever defaulted on the loan? YN				
Loan 2: Initial Amt: \$	Гуре of Loan: Stafford Subsic	lized Unsubsidized_	Year	
Loan Obtained: Years Re	emaining on Loan: Ha	ve You Ever deferred the I	oan? YN	
Current Outstanding Balance: \$	Have you ever de	faulted on the loan? YI	N	
Loan 3: Initial Amt: \$	Type of Loan: Stafford Subsi	dized Unsubsidized_	Year	
Loan Obtained: Years Re	emaining on Loan: Ha	ve You Ever deferred the I	oan? YN	
Current Outstanding Balance: \$	Have you ever de	faulted on the loan? YI	N	
Loan 4: Initial Amt: \$	Type of Loan: Stafford Subsi	dized Unsubsidized_	Year	
Loan Obtained: Years Re	emaining on Loan: Ha	ve You Ever deferred the I	oan? YN	
Current Outstanding Balance: \$	Have you ever de	faulted on the loan? Y	N	

Total Indebtedness for Student Loans:\$	
Current Annual Educational Loan Payments \$	
How much has been paid on your education loans during this cale	endar year? \$
(Please provide documentation of payments. Thank you.) APPLICATION FOR GRANT TOWARDS EDUCATIONAL LOAN	S –Confidential Information–P. 2
Other Indebtedness (not including student loans-such as: medic	al bills, car loans, credit cards, mortgage, etc.)
Total Other Indebtedness:\$	
Total Indebtedness for Student Loans (from P. 1) \$	
TOTAL INDEBTEDNESS: \$	
INCOME STATEMENT	
Applicant Salary \$	
Parsonage or Housing Allowance \$	_
Other Compensation:	
Pension \$	
Car Reimbursement \$	
Professional \$	
Continuing Education Allowance \$	_
Social Security Offset \$	
Total Salary \$	
Applicant: In addition to the information on the above two proceedings including any other information pertinent to your situation.	pages, please attach an explanatory statement,
To Whom Is Grant Check to be made out to (Name of Lender)	
Applicant Account Number:	
I HEREBY CERTIFY, to the Massachusetts Baptist Charitable Soin this application, have conformed to the guidelines of the Society life to the work of the gospel ministry through the American Baptist from the Society to reduce my educational debt. I further agree to Baptist recognized ministry for a minimum of five (5) years.	y, and that it continues to be my purpose to devote my t Churches/USA, and that I need and hereby solicit aid
Signature of Applicant	 Date