NEWINGTON STUDENT ASSISTANCE FUND, INC.



A NOTE TO LOAN APPLICANTS

The members of the Newington Student Assistance Fund, Inc. (NSAF) welcome your interest in applying for an educatioanal loan to a post-secondary school institution. A copy of the application follows this cover letter

Please fill out the form completely and return it to the <u>Guidance Office at Newington High School before noon</u> on the first Friday of June.

Approved individual loans, which are interest-free, will be:

- · Limited to a maximum amount of \$1,000 in any one school year
- · Written out to the school that the student will be attending (listing the student's name for proper credit)
 - No loan checks will be issued solely in the name of the student
- · Available to all residents of Newington, who have continuously lived in Newington the past eighteen (18) or more months
- · <u>Not automatically renewable</u> previously approved applicants must reapply every year they are interested in a loan.

It is possible that the requests for NSAF loans will exceed the funds available. This would require granting loans on the basis of relative need and merit.

The only information available to the NSAF for consideration is that which is included in the application form.

Thus, it is imperative that you complete all questions on the form. Incomplete applications will not be considered.

If you have any additional information or circumstances that you feel could not be addressed in the application but should be considered, please note them on a separate piece of paper and attach it to the application.

Application data is coded prior to review. Applicant's names are not distributed to the NSAF Loan Committee during the review.

<u>Please return the completed application to the Guidance Office at Newington High School before noon on the first Friday of June</u>. For more information or questions, please go to www.nsafinfo.org on the Internet.

Any applications received after noon on the first Friday of June WILL NOT be considered under any circumstances.

Thank you for your interest in NSAF.

APPLICANT INFORMATION NSAF CODE (NSAF USE ONLY) Name Home Address Telephone: Home CITY STATE ZIP Cell Student Social Security Number Personal E-Mail Address Father's Name Father's Home Address Own _____ Rent ____ Telephone: Home _____ CITY STATE ZIP Cell Father's Occupation Father's Firm & City Mother's Name Mother's Home Address Telephone: Home _____ Own Rent CITY STATE ZIP Cell _____ Mother's Occupation Mother's Firm & City Closest Relative Other Than Parent Who Does Not Live With You: Name Relationship Address Telephone: Home STATE 7IP CITY Cell _____ How Did You Hear About NSAF? CERTIFICATION BY APPLICANT I certify that the information given herein, and which you are authorized to verify, is true and correct; that the funds for which this application is made are necessary to enable me to pursue my education and will be used solely for that purpose; and I agree to notify NSAF of any material change in the facts. Furthermore, I authorize NSAF to obtain from the school in which I am enrolled, such additional information as NSAF may require as to my enrollment status. This application will remain the property of NSAF, Inc., whether the loan be approved or rejected. I fully understand my obligations incurred by the acceptance of this loan. I certify that the applicant is currently a resident of Newington, Connecticut and has resided in Newington continuously for the past eighteen (18) or more months.

FINANCIAL INFORMATION

NSAF CODE _____ (NSAF USE ONLY)

School year beginning (Mo I expect to graduate (Mont	•	
	, 	
School Costs	• .	nual costs for the school year
TUITION & FEES	\$ ROOM & BC	ARD \$
Available Resources		
•	y Income From All Sources (Ci	
Under \$20,000		000 \$40,000 - \$60,000
\$60,000 - \$80,000	, ,	,000 \$100,000 - \$125,000
\$125,000) - \$150,000 C	over \$150,000
List jobs that you expect to ea	arn money from during the sum	mer and through the school year.
<u>Employer</u>	Type of Work	Expected Earnings
Leypoot to receive the followi	ng financial aid: (Include schol	archine grante coolal coourity
I expect to receive the followi and/or loans) Financial Aid Grantor		arships, grants, social security, mount Granted or Expected
and/or loans) Financial Aid Grantor	<u>A</u>	
and/or loans) Financial Aid Grantor	OTHER INFORMATION	mount Granted or Expected
and/or loans) Financial Aid Grantor Are your parents? Married	OTHER INFORMATION Divorced/Separated	mount Granted or Expected Widowed
and/or loans) Financial Aid Grantor Are your parents? Married	OTHER INFORMATION	mount Granted or Expected Widowed
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Are your parents? Married Other (Plea	OTHER INFORMATION Divorced/Separated _ ase Explain) ependent upon your parents for	mount Granted or Expected Widowed support (No Names!)

Attach an additional page to indicate any other relevant information which can assist the NSAF Loan Committee.