

The Bill Raskob Foundation, Inc.

www.billraskob.org

Thank you for your inquiry about the Bill Raskob Foundation, Inc. (BRF) Basically, the Foundation seeks to aid deserving students through no-interest educational loans. We do not award scholarships, grants or gifts.

The Bill Raskob Foundation, Inc. is a small family foundation, and depends upon the repayment of loans in order to continue to help students obtain an education. It is important that you recognize there is a moral as well as legal obligation to repay any loan that you may receive.

In order to qualify, you must be an American citizen, enrolled at an accredited institution for the upcoming school year. At present, the Foundation is not accepting applications from foreign students, US students graduating from a foreign school, for first year study (undergraduate) or correspondence courses. You will also wish to know that it is not the policy of this Foundation to fund students through more than one degree...or accept applications for theses, dissertations, internships, residencies or affiliations. (If you are in a combined Degree Program, you might wish to call the Foundation at (410) 923-9123 to see if you qualify, prior to submitting an application).

Regarding repayment, the Foundation offers a 6-month "grace period" following graduation to all students, except medical\dental\veterinary students who may begin repayment within 12 months. The Foundation determines the repayment schedule and time frame...and since the Bill Raskob Foundation, Inc. basically operates as a revolving loan fund, deferments are not granted.

The Foundation strongly recommends that all applicants apply for government loans or grants. Since this is a small family Foundation with limited funds to distribute, a student's efforts at locating funding from as many sources as possible are often considered by the Trustees as an indication of serious intent and responsibility. **(Note: Most BRF loans average \$5,000)**

The student must complete the form. Loans are made to the student applicant (not the parents, the school or outside agencies), so the ability to follow instructions is a factor taken into consideration. All additional information (see Checklist on Application Form) must be supplied before the Board will consider your application. Also, a personal interview may be requested, depending upon geographical location. If any requirements are not satisfied, the application may be automatically rejected. (Please make copy of applications for you records)

If you meet the above qualifications, and now wish to apply to the Bill Raskob Foundation, Inc., we will be happy to hear from you. Our Board of Trustees meets once a year to consider applications. Requests for applications are accepted from January 1st through April 30th. The deadline for submitting completed applications is May 15th. You will be notified of the committee's decision in July or August.

Edward H. Robinson
Executive Director

The Bill Raskob Foundation, Inc.

INSTRUCTIONS FOR SUBMITTING STUDENT LOAN APPLICATION

The application **MUST BE COMPLETELY FILLED IN** by the student applying for the loan with all of the information requested. If a particular question is not applicable to you, indicate this, using such answers as “Not Applicable”, “No”, or “None”. Please make sure you complete all sections.

Financial Statements

There are three (3) separate Financial Statements included. Each is two (2) pages. You only need to fill out and submit the one (1) Financial Statement that is relevant to you.

A personal interview may be required.

Recipients of a loan from the Bill Raskob Foundation, Inc. **DO NOT** automatically receive loans each year. Recipients must complete the entire application process when re-applying for a loan.

Recipients must notify the Foundation in cases of: change of graduation date; change of school; change in major; change in address or change of phone number.

You must request a specific dollar amount. Your application will not be accepted or denied based on the amount you request. The Foundation reserves the right to award recipients a dollar amount different from that which was requested by the applicant.

**THE ORIGINAL FORMS MUST BE RETURNED TO THE FOUNDATION.
COPIES ARE NOT ACCEPTED.**

Review all requirements and forms to make sure all the necessary information has been supplied, and return everything in one envelope prior to May 15th to:

Bill Raskob Foundation, Inc.
PO Box 507
Crownsville, MD
21032-0507

If you have any questions, call (410) 923-9123.

The Bill Raskob Foundation, Inc.

CHECK LIST

This insert is for your use only. It is only intended as a “check-off” sheet to help you keep track of which parts of the application you have finished.

- Completed Application**
 - Personal Information (Section I)
 - Loan Information (Section II)
 - Scholastic Information (Section III)
 - Family Information (Section IV)
 - Financial Information (Section V – parts A and B)
- Most recent tax return** (Section V – part C)
- Personal reference letter*** (Section VI)
- Consent to release** (Section VII)
- Essay**** (Section VIII)
- Transcripts** (Section IX)
- School literature*** (Section X)
- Financial award letter** (Section XI)
- Scholastic reference letter** (Section XII)
- Acceptance letter*** (Section XIII)
- Financial Statement** (1, 2, or 3)
- Parental letter of support*** (Financial Statement)

* Previously Funded Students DO NOT NEED to include the following:

- Personal letter of reference
- School Literature (unless tuition increased)
- Acceptance Letter (if there is no transfer involved)
- Parental letter of support

** Essay is still required for Previously Funded Students. Previously Funded Students are asked to write an essay that recaps student's original essay and updates the Board on student's current situation.

Application for
The Bill Raskob Foundation, Inc.
School Year **2014 - 2015**

The Bill Raskob Foundation, Inc.

LOAN APPLICATION

The student must complete this form. Type or print in black ink only.

I. PERSONAL INFORMATION

Name: _____ Email Address: _____
Last First Middle

Permanent Address: _____
Street (no PO Box) City State Zip

Summer Address: _____
Street (no PO Box) City State Zip

'14-'15 School Address: _____
Street (no PO Box) City State Zip

Telephone Numbers: Permanent: (____) _____ School: (____) _____
Work: (____) _____ Cell: (____) _____

Date of Birth: ____ / ____ / ____ Birthplace: _____

Are you a US Citizen? ()Yes ()No Social Security Number: ____ / ____ / ____

Marital Status: () Single () Married () Separated () Divorced () Widowed

Have you ever filed or are you currently filing for bankruptcy? ()Yes ()No

Have you been or are you currently in default on any loans or credit cards? ()Yes ()No

II. LOAN INFORMATION

Have you ever received a loan from this Foundation before? ()Yes ()No

If so, for what amount(s)? \$ _____ \$ _____ \$ _____

Has anyone else in your family ever received a loan from this Foundation before? ()Yes ()No

If so, please name recipient(s) _____

REQUESTED LOAN AMOUNT FOR THE '14-'15 SCHOOL YEAR: \$ _____

***You must fill in an amount, The average loan amount is \$5,000. If you do not fill in an amount, your application will not be accepted.**

V. FINANCIAL INFORMATION

A. INCOME AVAILABLE TO MEET EDUCATIONAL EXPENSES

'13-'14 (Actual)

'14-'15 (Estimated)

\$ _____	Personal funds (cash, savings, dividends) to meet educational expenses	\$ _____
\$ _____	Parental support (include in-laws, if applicable) to meet educational expenses	\$ _____
\$ _____	Spouse's support (if applicable) to meet educational expenses	\$ _____
\$ _____	Alimony / Spouse support to meet educational expense	\$ _____
\$ _____	Summer earnings	\$ _____
\$ _____	The amount applied to school expenses	\$ _____
\$ _____	Income with in school (part-time job or work / study)	\$ _____
\$ _____	Private loans or gifts (family, friends, etc.)	\$ _____

FEDERAL AID: State the amount used in **'13-'14** in left-hand column and the amount expected for **'14-'15** in right-hand column. List below the current status of your requests for **'14-'15** (received, pending, denied).

\$ _____	PELL	(status: _____)	\$ _____
\$ _____	SEOG	(status: _____)	\$ _____
\$ _____	NDSL / Perkins	(status: _____)	\$ _____
\$ _____	GSL / Stafford	(status: _____)	\$ _____
\$ _____	PLUS	(status: _____)	\$ _____
\$ _____	HPL	(status: _____)	\$ _____
\$ _____	VEAP	(status: _____)	\$ _____
\$ _____	Other Federal Aid:	(status: _____)	\$ _____

OTHERS LOANS, SCHOLARSHIPS, GRANTS

\$ _____	_____	(status: _____)	\$ _____
\$ _____	_____	(status: _____)	\$ _____
\$ _____	_____	(status: _____)	\$ _____
\$ _____	_____	(status: _____)	\$ _____

TOTAL '13-'14 INCOME

TOTAL '14-'15 INCOME

\$ _____

\$ _____

B. EDUCATIONAL EXPENSES

\$ _____	Tuition and Fees	\$ _____
\$ _____	Room and Board	\$ _____
\$ _____	Books and Supplies	\$ _____
\$ _____	All Other (specify): _____	\$ _____

TOTAL '13-'14 EXPENSE

TOTAL '14-'15 EXPENSE

\$ _____

\$ _____

C. FEDERAL INCOME TAX RETURNS Choose only one.

1. **IF THE STUDENT IS A DEPENDENT** have your parent(s) complete and submit Financial Statement 1 along with a true copy of their **2013** Federal Income Tax Return, signed and dated.

2. **IF THE STUDENT IS MARRIED AND INDEPENDENT OF PARENTAL FINANCIAL SUPPORT** you (or your spouse) must complete and submit Financial Statement 2 along with a true copy of your **2013** Federal Income Tax Return(s), signed and dated.

3. **IF THE STUDENT IS SINGLE AND INDEPENDENT OF PARENTAL FINANCIAL SUPPORT** you must complete and submit Financial Statement 3 along a true copy of their **2013** Federal Income Tax Return, signed and dated.

Educational Indebtedness: Money owed to date. List sources & interest charged. Include any previous BRF loans. Estimate your total debt upon completion of your studies.

VI. CHARACTER REFERENCES

Character references must be outside of the academic sphere. Someone who will know your address after graduation. (Personal friends, neighbors, employers, ministers, priest/pastor, etc. Immediate family may not be used.)

***Enclose a letter of recommendation from one (1) of your character references.**

1. Name: _____

Address: _____

Phone: Home (____) _____

Work (____) _____

Relationship to applicant: _____

2. Name _____

Address: _____

Phone: Home (____) _____

Work (____) _____

Relationship to applicant: _____

3. Name: _____

Address: _____

Phone: Home (____) _____

Work (____) _____

Relationship to applicant: _____

4. Name _____

Address: _____

Phone: Home (____) _____

Work (____) _____

Relationship to applicant: _____

VII. CONSENT TO RELEASE INFORMATION

"I, _____, hereby consent to release by _____
(Print name of school you will be attending)
(hereafter referred to as "institution") of information now held or hereafter obtained by the Institution concerning my whereabouts, mailing addresses and telephone numbers during and after my enrollment as a student at the Institution, upon request from from the Bill Raskob Foundation, Inc. Furthermore, I release the Institution from all responsibility and/or retribution for disclosing said information to the **Bill Raskob Foundation, Inc.**, acknowledging my right to waive the protection of such information about myself as stipulated in the "Family Educational Rights & Privacy Act of 1974."

Date

Applicant's Signature

VIII. APPLICATION ESSAY

An essay from the student applying for the loan must accompany the application form describing: **a)** your educational goals; **b)** why you selected a particular college; **c)** efforts you have made to finance your education; **d)** and general information about yourself, particularly anything you would like the Board to know.

IV. TRANSCRIPTS

You must enclose all educational transcripts available.

X. SCHOOL LITERATURE

Include with your application form a brochure, booklet or letter from the school you will be attending, indicating the cost of tuition, room and board, etc. for '14-'15. This must be actual printed literature of the school.

XI. FINANCIAL AWARD LETTER

Include a copy of the Financial Aid Award letter from your school for '14-'15. Between July 1 – July 15 you must submit an update on any changes in moneys received or denied from when you submitted your application (scholarships, grants, loans, gifts, etc.), whether or not the figures have changed.

XII. SCHOLASTIC LETTER OF REFERENCE

Include one letter of reference from a current or previous teacher, professor, academic advisor or counselor.

XIII. ACCEPTANCE LETTER

If this is the first year you are attending this institution, include an acceptance letter from that school.

The Bill Raskob Foundation, Inc.

FINANCIAL STATEMENT 1

PARENTS

Instructions: IF THE STUDENT IS A DEPENDENT this form is to be completed and signed by the parents of the student applying for financial aid. All questions must be answered and specific figures given. All information is confidential. A true copy of your **2013** Federal Income Tax Return must accompany this statement. (*Please type or print in black ink.*)

1. Student Applicant's Name: _____

Address: _____
Street (no PO Box) City State Zip

2. Father's (Stepfather/Guardian) Name: _____

Address: _____
Street (no PO Box) City State Zip

Telephone: Home: (____) _____ Work: (____) _____

Employer: _____ Position Held: _____

Address: _____
Street (no PO Box) City State Zip

Nature of Work: _____

3. Mother's (Stepmother/Guardian) Name: _____

Address: _____
Street (no PO Box) City State Zip

Telephone Numbers: Permanent: (____) _____ School: (____) _____

Employer: _____ Position Held: _____

Address: _____
Street (no PO Box) City State Zip

Nature of Work: _____

4. Please list all of your dependent children:

Name and Age	Relationship to Applicant	Living with family?
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

5. Please list others given as dependents for income tax purposes:

Name and Age	Relationship to Applicant	Living with family?
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

6. Annual Income:

	Father (Guardian)	Mother (Stepparent)
Salary and wages before taxes	\$ _____	\$ _____
Social Security, VA Benefits, Pensions, etc.	\$ _____	\$ _____
Other Income (rentals, dividends, interest, etc.)	\$ _____	\$ _____
Total Gross Income	\$ _____	\$ _____

7. Savings:

	Father (Guardian)	Mother (Stepparent)
Bank accounts, savings and checking	\$ _____	\$ _____
Market value, stocks and bonds	\$ _____	\$ _____
Total Savings	\$ _____	\$ _____

8. Other Assets:

	Market Value	Mortgage or Other Debt
Home(s)	_____ / _____	_____ / _____
Land(s)	_____ / _____	_____ / _____
Automobile(s)	_____ / _____	_____ / _____
Other (specify):		
_____	_____ / _____	_____ / _____
_____	_____ / _____	_____ / _____

9. Family's Estimated Living Expenses:

	Month	Year
Mortgage/Rent	\$ _____	\$ _____
Taxes (Federal, State, Local)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Utilities (gas, oil, electricity)	\$ _____	\$ _____
Medical expenses (not covered by insurance)	\$ _____	\$ _____
Insurance (Life, Health, House, Car, etc.)	\$ _____	\$ _____
Transportation (car payment, maintenance)	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Loans, credit cards, etc.	\$ _____	\$ _____
Educational expenses (specify):	\$ _____	\$ _____

Others (specify):	\$ _____	\$ _____

Total:	\$ _____	\$ _____

10. *Please indicate below the circumstances that make it difficult for the family to financially support the student applying for a loan to the **Bill Raskob Foundation, Inc.** (Use additional sheet, if necessary.)

Date

Parent's Signature

The Bill Raskob Foundation, Inc.

FINANCIAL STATEMENT 2

STUDENT AND SPOUSE

Instructions: IF THE STUDENT IS MARRIED AND INDEPENDENT OF PARENTAL FINANCIAL SUPPORT this form is to be completed and signed by the student or spouse of the student applying for financial aid. All questions must be answered and specific figures given. All information is confidential. A true copy of your **2013** Federal Income Tax Return must accompany this statement. *(Please type or print in black ink.)*

1. Student Applicant's Name: _____

Address: _____
Street (no PO Box) City State Zip

2. Spouse's Name: _____

Address: _____
Street (no PO Box) City State Zip

Telephone: Home: (____) _____ Work: (____) _____

Employer: _____ Position Held: _____

Address: _____
Street (no PO Box) City State Zip

Nature of Work: _____

3. Please list all of your dependent children:

- a. _____ d. _____
- b. _____ e. _____
- c. _____ f. _____

4. Please list others given as dependents for income tax purposes:

Name and Age	Relationship to Applicant	Living with family?
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

5. Annual Income:

	Student	Spouse
Salary and wages before taxes	\$ _____	\$ _____
Social Security, VA Benefits, Pensions, etc.	\$ _____	\$ _____
Other Income (rentals, dividends, interest, etc.)	\$ _____	\$ _____
Total Gross Income	\$ _____	\$ _____

6. Savings:

	Father (Guardian)	Mother (Stepparent)
Bank accounts, savings and checking	\$ _____	\$ _____
Market value, stocks and bonds	\$ _____	\$ _____
Total Savings	\$ _____	\$ _____

7. Other Assets:

	Market Value	Mortgage or Other Debt
Debt	_____ / _____	_____ / _____
Home(s)	_____ / _____	_____ / _____
Land(s)	_____ / _____	_____ / _____
Automobile(s)	_____ / _____	_____ / _____
Other (specify):		
_____	_____ / _____	_____ / _____
_____	_____ / _____	_____ / _____

8. Estimated Living Expenses:

	Month	Year
Mortgage/Rent	\$ _____	\$ _____
Taxes (Federal, State, Local)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Utilities (gas, oil, electricity)	\$ _____	\$ _____
Medical expenses (not covered by insurance)	\$ _____	\$ _____
Insurance (Life, Health, House, Car, etc.)	\$ _____	\$ _____

The Bill Raskob Foundation, Inc.

FINANCIAL STATEMENT 3

STUDENT APPLICANT

Instructions: IF THE STUDENT IS SINGLE AND INDEPENDENT OF PARENTAL FINANCIAL SUPPORT this form is to be completed and signed by the student applying for financial aid for education. All questions must be answered and specific figures given. All information is confidential. A true copy of your **2013** Federal Income Tax Return must accompany this statement. (*Please type or print in black ink.*)

1. Student Applicant's Name: _____

Address: _____
Street (no PO Box) City State Zip

2. Annual Income:

Salary and wages before taxes \$ _____
Alimony, Child Support, Social Security, Pensions, etc \$ _____
Other Income (rentals, dividends, interest, etc.) \$ _____
Total Gross Income \$ _____

3. Savings:

Bank accounts, savings and checking \$ _____
Market value, stocks and bonds \$ _____
Total Savings \$ _____

4. Other Assets:

	Market Value	Mortgage or Other Debt
Home(s)	_____ / _____	_____ / _____
Land(s)	_____ / _____	_____ / _____
Automobile(s)	_____ / _____	_____ / _____
Other (specify):		
_____	_____ / _____	_____ / _____
_____	_____ / _____	_____ / _____

5. Estimated Living Expenses:

	Month	Year
Mortgage/Rent	\$ _____	\$ _____
Taxes (Federal, State, Local)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Utilities (gas, oil, electricity)	\$ _____	\$ _____
Medical expenses (not covered by insurance)	\$ _____	\$ _____
Insurance (Life, Health, House, Car, etc.)	\$ _____	\$ _____
Transportation (car payment, maintenance)	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Loans, credit cards, etc.	\$ _____	\$ _____
Educational expenses (specify):	\$ _____	\$ _____
<hr/>		
Others (specify):	\$ _____	\$ _____
<hr/>		
Total:	\$ _____	\$ _____

