

SCHOLAR ACHIEVEMENT LOAN INFORMATION REQUEST

This form must be completed in its entirety and presented to the Office of Financial Aid for review. Once the Office of Financial Aid has verified its completion, you will be asked to sign a Willamette University Scholar Achievement Loan Master Promissory Note. You will be required to present picture ID to sign the Master Promissory Note. After both forms are satisfactorily signed and completed, your Scholar Achievement Loan funds will be applied to your tuition account. (PLEASE PRINT CLEARLY)

Full Name: _____ Expected Date of Graduation: _____
First Middle Last

Date of Birth: _____ / _____ / _____ Social Security #: _____ - _____ - _____
Month Day Year

Permanent Address: _____ Driver's License #: _____
Street Address State / Number

_____ Home Phone #: (_____) _____ - _____
City State Zip

Local Address: _____ Cell Phone #: (_____) _____ - _____
Street Address

_____ Other Email Address (not given to you by WU):
City State Zip _____ @ _____

SPOUSE/DOMESTIC PARTNER

Single _____ Married _____ Domestic Partner _____

Spouse/Domestic Partner's Name Address Home/Cell Phone #

Spouse/Domestic Partner's Email Address Employer Work Phone #

PARENT OR GUARDIAN

Father's Name Address Home/Cell Phone #

Father's Email Address Employer Work Phone #

Mother's Name Address Home/Cell Phone #

Mother's Email Address Employer Work Phone #

(Continued on next page)

SCHOLAR ACHIEVEMENT LOAN INFORMATION REQUEST (continued from previous page)

REFERENCES

(References must reside at different addresses and have different phone numbers from your parents or yourself.)

Note: All Reference information must be complete to receive funds.

TWO NEAREST RELATIVES (other than parents)

Name/Relationship	Address	Home/Cell Phone #
Email Address	Employer	Work Phone #
Name/Relationship	Address	Home/Cell Phone #
Email Address	Employer	Work Phone #

TWO REFERENCES (FRIENDS, FRIENDS OF YOUR FAMILY, NEIGHBORS, OTHER RELATIVES, ETC.) WHO WILL LIKELY KNOW WHERE TO REACH YOU AFTER YOU HAVE LEFT WILLAMETTE UNIVERSITY. DO NOT USE FELLOW STUDENTS, FACULTY OR STAFF.

Name/Relationship	Address	Home/Cell Phone #
Email Address	Employer	Work Phone #
Name/Relationship	Address	Home/Cell Phone #
Email Address	Employer	Work Phone #

BY SIGNING BELOW, I AM VERIFYING THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Student Signature	WU ID Number	Date
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