

# Osteopathic Medical Foundation

## Forgivable Student Loan Program – Loan Application

SECTION 1 – To be completed by borrower "IMPORTANT" read the information carefully				OMF USE ONLY	
				Date: Loan Number: Loan Amount:	
Name		Email			
Permanent Street Address		City	State	Zip	Phone
Current Street Address		City	State	Zip	Phone
Enrolled at (name of institution):			Date of Matriculation		School Year Loan is Requested
Do you have any student debts?	Amount of student debt:		Have you ever defaulted on a student loan? (if yes, please explain on separate sheet)		
List three references at separate addresses					
Name	Relationship	Address			Phone
<p>I, the borrower, certify that the information contained in the above student section of this application is true, complete, and correct to the best of my knowledge and belief and is made in good faith. I understand that any false or misleading information provided, or omitted, on this application or during any interview is grounds to disqualify me for consideration for the OMF Forgivable Loan Program.</p> <p>I authorize the OMF to contact my references, schools and other sources to investigate my background and to verify any of the information contained in this application, in any accompanying resume, or in any interview. I understand that such reports may contain information concerning my academic, credit and criminal record.</p> <p>I further authorize those references, schools, and other sources to give the Osteopathic Medical Foundation any and all information concerning my previous employment, education, conduct, and any other relevant information they may have, personal or otherwise.</p> <p>I hereby release and forever discharge all such persons, companies or other sources, and their agents and employees, and the Osteopathic Medical Foundation and its agents and employees, from any and all claims, known or unknown, which may result from the disclosure or collection of the requested information.</p>					
Signature of Student Borrower:				Date:	
<b>SECTION II – To be completed by educational institution</b>					
Name of Educational Institution:					
Address		City	State	Zip	
Estimated cost of education for loan period: \$			Student's Grade Level:		Student's GPA:
Graduation Date:					
<p><b>Educational Institution Certification</b> – I certify that the student named in Section I is accepted for enrollment, or is enrolled and in good standing as at least a half-time student and making satisfactory progress in a program determined to be eligible for the Osteopathic Medical Foundation (of Michiana) loan. I further certify that based upon records available at this institution, that the information provided in Section II is true, complete and correct to the best of my knowledge and belief.</p>					
Name and Title (print or type):					