



# **St. John's Foundation 2010**

## **Student Loan Relief Application**

### **To Apply for Student Loan Relief**

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- Print and fully complete an application to be considered for the Student Loan Relief Fund. Please mail all attachments and documents in one envelop. Incomplete applications will not be accepted or considered.
- Attach a short written narrative explaining how the loan relief will assist the applicant and their financial situation.
- All requests must meet the Foundation criteria.

Applications must be received by the Foundation Board Loan Relief & Scholarship Committee on or before April 15<sup>th</sup>, 2010. Applicants must fill out an application for the Loan Relief Funds accompanied by a short written narrative explaining their financial situation.

St. John's Foundation encourages recipients of the Student Loan Relief Funds to payback the Foundation for their Loan Relief Funds as the individual's financial situation improves. The Foundation receives gifts to fund grants, invests them and uses only the earnings from these gifts to disperse grants for religious, educational and charitable purposes.

**Student Loan Relief Fund**  
**APPLICATIONS ACCEPTED 1/1/10 – 4/15/10**  
**A Complete Application Must Be Submitted Each Year**

DEADLINE FOR APPLICATION: April 15<sup>th</sup> 2010.

**Student Loan Relief Application 2010**

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**Personal Information:**

Name

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Address

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City State Zip

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Phone Number

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E-mail Address

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Social Security Number

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Former Name(s)

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(if applicable)

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**College/University Information (where you graduated):**

College/University:

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Address

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City State Zip

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Year of Graduation

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Major

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Minor

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**Employer Information:**

Employer Name

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Employer Address

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Employer City State Zip

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Work Phone

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**Applicant's Name** (please print)

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Please list the educational loans that you would like to make eligible for the Student Loan Relief Fund. If necessary, please list additional loans on a separate sheet of paper. You must attach a copy of your most recent loan statement verifying this information.

Loan Type (see instructions)	Loan Holder's/Service's Name*, Address, and Area code/Telephone Number (see instructions)	Loan Account Number & Interest Rate	Estimated Payoff and Monthly Payment
Grace Period End Date. <b>If any of the loans you would like considered are in a grace period, please indicate the Expected Grace Period End Date (month/year):</b>			

**Approximate total educational debt upon graduation:**

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**Under penalty of perjury, I certify that:**

- a. The information I have provided is true, complete, and correct to the best of my knowledge and belief and is made in good faith.
- b. All the loans noted in this application have been used to finance my education.
- c. I have described the repayment arrangements made with my lender on any default loan listed on this application.
- d. I have not been convicted of, or pled *nolo contendere* or guilty to, a crime involving fraud in obtaining federal student aid funds under Title IV of the Higher Education Act of 1965.
- e. I have not graduated with a Political Science degree. I am not a member of the Foundation Board, the St. John's clergy or staff, Loan Relief Fund or Grant Committee member, or family member. Family members include spouses, children decedents and spouses of children and decedents.

**I make the following authorizations:**

- a. I authorize St. John's Foundation or their agents to contact the holders of the loans listed on my application to determine monthly payments, interest rates and payoff amounts.**
- b. I authorize St. John's Foundation or their agents to issue my grant (if awarded) directly to the holders of the selected loans.**
- c. I authorize St. John's Foundation or their agents to verify my social security number with the Social Security Administration (SSA) and on my loan record.**
- d. I authorize St. John's Foundation or their agents to verify graduation dates and degree received from my college or university listed on the application.**

Attach a short written narrative explaining how Loan Relief Funds will have impact on you.

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Applicant's Signature

Date

Return application and narrative to Student Loan Relief Fund & Scholarship Committee, St. John's Foundation, PO Box 639, Mound, MN 55364.

To be considered, all required information must be submitted together. Please do not send multiple copies.

**AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS**

TO:

RE:

DOB:

SSN:

This will authorize you to release to St. John's Foundation, 2451 Fairview Lane, Mound, Minnesota 55364, and their representatives or employees, any and all documents in your possession concerning graduation date(s) and degree(s) received by the above-named student, and to permit reviewal, inspection, copying, or photostatic reproduction of said documents.

The information is needed for the following purposes: Student Loan Relief Application.

A photocopy of this authorization shall be valid as the original hereof signed by me.

\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_.

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**AUTHORIZATION FOR RELEASE OF SOCIAL SECURITY RECORDS**

TO Social Security Administration

RE:

DOB:

SSN:

You are hereby authorized to release to St. John's Foundation, or their agents and representatives, confirmation of my social security number. The information is needed for my Student Loan Relief Application.

A photocopy of this authorization will have the same force and effect as the original hereof signed by me.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

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