



St. John's Foundation 2021 Student Loan Relief Application

To Apply for Student Loan Relief

- Print and fully complete an application to be considered for the Student Loan Relief Fund. Please mail all attachments and documents in one envelope. 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 Student Loan Relief & Grant Committee on or before April 15, 2021. 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 pay back 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 1/1/2021 – 4/15/2021
A Complete Application Must Be Submitted Each Year**

DEADLINE FOR APPLICATION: April 15, 2021.

Student Loan Relief Application 2021

Personal Information:

Name

Address

City State Zip

Phone Number

E-mail Address

Social Security Number

Former Name(s)

Are you or a member of your family a member of St. John's Church?

College/University Information (where you graduated):

College/University:

Address

City State Zip

Year of Graduation

Major

Minor

Employer Information:

Employer Name

Employer Address

Employer City State Zip

Work Phone

Applicant's Name (please print) _____

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. If any of the loans you would like considered are in a grace period, please indicate the expected grace period end date (month/year):			

Approximate total educational debt upon graduation: _____

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 am not a member of the Foundation Board, the St. John's clergy, Loan Relief Fund or Grant Committee member, or family member. Family members include spouses, children, descendants and spouses of children or descendants.

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.

Applicant's Signature

Date

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

To be considered, all required information must be submitted together. Please do not send multiple copies. Applications for 2021 will begin to be accepted on 1-1-2021.

AUTHORIZATION FOR RELEASE OF ACADEMIC RECORDS

TO:

RE:

DOB:

SSN:

This will authorize you to release to St. John's Foundation, Post Office Box 639 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 reviewable, 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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