

Loan Application
William R. Dancy, M.D. Student Loan Fund
Attach Supplemental Sheets If More Room Is Needed

Personal Information

Full Name: _____
Medical School: _____
Start Date: _____ Anticipated Graduation Date: _____
Social Security Number: _____
Present Address: _____
Length of Time At Present Address: _____ Email Address: _____
Home Phone: _____ Cell Phone: _____
Georgia and US Citizen: Yes No
Date of Birth: _____ Place of Birth: _____
Father's Name: _____
Address: _____
Mother's Name: _____
Address: _____
Father's Occupation: _____ Mother's Occupation: _____
Number of Brothers: _____ Number of Sisters: _____
Can your parents or anyone else claim you as a dependant for income tax purposes?
 Yes No
Are you married? Yes No If yes, is your spouse employed? Yes No
Name and address of spouse's employer: _____

School Loan Information

School Enrollment Status: Part-time Full-time
Requested Loan Amount: _____ Requested Start Date: _____
Have you ever defaulted on a student or any other loan? Yes No
(If yes, attach a letter of explanation)
School Period for which loan is requested: _____ to _____
Please list the amount of present loans, to whom they are owed, and dates due:

Please list names and addresses of others to whom you have applied or are applying for loans:

Have you been rejected for a student loan? Yes No If yes, please attach a letter of explanation.

Financial Information

Are you employed? Yes No If yes: Part-time Full-time Annual Salary: _____
Name and address of employer:

Estimated Income and sources:

Estimated Monthly Expenses:

Signature of Applicant

Date