

**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