

SAN JOAQUIN MEDICAL SOCIETY
**SCHOLARSHIP
 LOAN FUND**

Application

PLEASE ANSWER ALL QUESTIONS. INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT IN STRICT CONFIDENCE AND REVIEWED ONLY BY THE SAN JOAQUIN COUNTY MEDICAL SOCIETY SCHOLARSHIP LOAN FUND COMMITTEE.

This application is for: MD RN Other (please specify) _____

PERSONAL

Full Name:

Birth Date:		Age:		Social Security #:	
Permanent Address:			City:	State:	Zip:
Present Address:			City:	State:	Zip:
Home Phone:			E-Mail:		
Employer:			Annual Income:		
Citizenship?	Registered Voter?		If yes, where:		
Have you ever filed Income Tax in California?			If yes, list years:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					

SPOUSE (IF APPLICABLE)

Full Name:

Birth Date:		Age:		Social Security #:	
Permanent Address:			City:	State:	Zip:
Date of Marriage:			Occupation:		
Employer:			Annual Income:		
Number of Children:		Names and Ages:			

REFERENCES

Full Name:

Relationship to you:					
City:			State:	Zip:	
Occupation:		Phone:	E-mail:		
Full Name:					
Relationship to you:					
City:			State:	Zip:	
Occupation:		Phone:	E-mail:		
Full Name:					
Relationship to you:					
City:			State:	Zip:	
Occupation:		Phone:	E-mail:		

EDUCATIONAL INFORMATION

Institution to be attending:

Address:	City:	State:	Zip:
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Degree anticipated:	Anticipated Graduation Date:
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Total number of years to receive degree:	Number of years completed:
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List all colleges previously attended

1. Name of College:

Dates of attendance:	Degrees awarded:
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2. Name of College:

Dates of attendance:	Degrees awarded:
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High School Graduation

Name of School:

City:	State:	Graduation Date:
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FINANCIAL INFORMATION

Do you own or are you purchasing your own home? Yes No

Do you carry life insurance? Yes No

Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
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Have you applied for student loans elsewhere?	If so, to whom and for what amount?
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Do you have any current outstanding student loans?	If so, to whom and for what amount?
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Have you applied for scholarships elsewhere?	If so, to whom and for what amount?
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Any other source of income (aid from parents, school, government, etc.)

Name of Bank:

Address:	City:	State:	Zip:
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Savings Account #:	Average balance:
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Checking Account #:	Average balance:
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List all current financial obligations:

Name	Account #	Monthly Payment	Average Balance

PLEASE ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN

FINANCIAL INFORMATION		ESTIMATED ANNUAL INCOME	
Rent/Mortgage:	\$	Student Income:	\$
Food:	\$	Spouse Income:	\$
Telephone:	\$	Aid from Parents:	\$
Utilities:	\$	Other Income: (savings, loans, scholarships)	\$
Car Expenses (gas, repairs, payment) :	\$	Other Aid: (Gov't welfare, AFDC, etc.)	\$
Medical:	\$		
Child Care:	\$		
Tuition:	\$		
School Fees:	\$		
Clothing/Uniforms:	\$		
Insurance (please specify):	\$		
Misc. (books, lab supplies, etc.)	\$		
Other (please specify)	\$		
TOTAL EXPENSES: \$		TOTAL INCOME: \$	
TOTAL LOAN AMOUNT REQUESTED: \$			

CO-SIGNER INFORMATION

Full Name:			
Birth Date:	Age:	Social Security #:	
Permanent Address:	City:	State:	Zip:
Home Phone:		Business Phone:	
Employer:			
Employer Address:	City:	State:	Zip:
Occupation:		Annual Income:	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

SPOUSE (If applicable)

Full Name:			
Birth Date:	Age:	Social Security #:	
Permanent Address:	City:	State:	Zip Code:
Date of Marriage:		Occupation:	
Employer:		Annual Income:	
Number of Children:	Number in College:		

We also need you to:

- 1) Please complete the enclosed Financial Statement
- 2) Please provide a copy of your most recent Federal Tax Return
- 3) Please provide a Personal Statement: Please include a biography of yourself, why you chose this profession, what is your relationship to the community, and include a paragraph on your goals.

SAN JOAQUIN MEDICAL SOCIETY
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Application Financial Statement

Applicant				Co-Applicant/Guarantor			
Full Name				Full Name			
Street Address				Street Address			
City/State/Zip				City/State/Zip			
County				County			
Since	Own <input type="checkbox"/>	Rent \$		Since	Own <input type="checkbox"/>	Rent \$	
Previous Address (if less than 5 years at present)				Previous Address (if less than 5 years at present)			
City/State/Zip				City/State/Zip			
Since	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>		Since	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	
Social Security #		Date of Birth		Social Security #		Date of Birth	
Phone: Home		Work		Phone: Home		Work	
Employer				Employer			
Address				Address			
Position/Title		Since		Position/Title		Since	
Previous Employer				Previous Employer			
Position/Title		How Long		Position/Title		How Long	
Dependents(include self)				Dependents(include self)			
Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated				Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated			

Please attach a current credit report for both the applicant and co-applicant.

Annual Income	APPLICANT	CO-APPLICANT	PLEASE ANSWER EACH QUESTION (YES/NO)	APP	CO-APP
Salary			Are you a Co-Maker, Endorser, or Guarantor of any other person's debt?		
Bonuses/Commissions					
Dividends/Interest			Are you a defendant in any suit or legal action?		
Net Real Estate Income					
Other (List)			Have you ever gone through bankruptcy or had a judgment against you?		
Total					

I understand that the San Joaquin Medical Society Scholarship Loan Fund is relying on the information in this financial statement in deciding to give or continue the financial accommodation or extension of credit I have requested or received. I promise that this is a true statement of my financial condition as the date of valuations. You may rely on it as being true in any material respect, or if I should die, file for bankruptcy, if any other creditor tries to seize my property, or if any adverse change direct or contingent, shall become immediately due and payable without demand or notice. You may retain and verify this statement. I understand that from time to time you may receive information about me from others and may answer questions and requests from others seeking credit and experience information about me and my relationships with you. If this is a joint financial statement, these representation and warranties are from each of us.

Applicant Signature

Date

Co-Applicant Signature

Date

APPLICANT'S CERTIFICATION

I, _____ HEREBY CERTIFY THAT THE
ENCLOSED STATEMENTS ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: _____

NOTARY PUBLIC

STATE OF: _____

COUNTY OF: _____

Subscribed and sworn to me before the _____ day of _____ 20_____.

Commission Expires: _____

Notary Public Signature

CO-APPLICANT'S CERTIFICATION

I, _____ HEREBY CERTIFY THAT THE
ENCLOSED STATEMENTS ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: _____

NOTARY PUBLIC

STATE OF: _____

COUNTY OF: _____

Subscribed and sworn to me before the _____ day of _____ 20_____.

Commission Expires: _____

Notary Public Signature