



Polish Roman Catholic Union of America

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MEMBER'S APPLICATION FOR STUDENT LOAN

Please print or type.

LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
PERMANENT HOME ADDRESS		CITY	STATE ZIP CODE
HOME TELEPHONE NUMBER ()	DRIVER'S LICENSE NUMBER & STATE		DATE OF BIRTH
CITIZENSHIP (CHECK ONE) <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER _____		ALIEN REGISTRATION NUMBER	
MARITAL STATUS (CHECK ONE) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		NUMBER OF DEPENDENTS	AGES OF DEPENDENTS
PRCUA SOCIETY NUMBER	PRCUA ROSTER NUMBER		AMOUNT OF LOAN REQUESTED \$
MAJOR COURSE OF STUDY		CURRENT STATUS (CHECK ONE) <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE SCHOOL <input type="checkbox"/> PROFESSIONAL SCHOOL	
ENROLLMENT STATUS (CHECK ONE) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (see note below)		ACADEMIC PERIOD FROM _____ TO _____	
NAME OF COLLEGE/UNIVERSITY ATTENDING		ADDRESS	TELEPHONE NUMBER ()
HAVE YOU RECEIVED A STUDENT LOAN FROM THE PRCUA BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, give year and amount)			
A. _____ \$ _____ B. _____ \$ _____ C. _____ \$ _____ D. _____ \$ _____			

FATHER'S NAME	ADDRESS	PHONE NUMBER ()	PRCUA MEMBER? <input type="checkbox"/> NO <input type="checkbox"/> YES
MOTHER'S NAME	ADDRESS	PHONE NUMBER ()	PRCUA MEMBER? <input type="checkbox"/> NO <input type="checkbox"/> YES
SPOUSE'S NAME	ADDRESS	PHONE NUMBER ()	PRCUA MEMBER? <input type="checkbox"/> NO <input type="checkbox"/> YES
REFERENCES (Do not include former employers or relatives.)			
NAME	ADDRESS	PHONE NUMBER ()	RELATIONSHIP
NAME	ADDRESS	PHONE NUMBER ()	RELATIONSHIP
NAME	ADDRESS	PHONE NUMBER ()	RELATIONSHIP

I attest that the statements made on this application are true and complete and I authorize investigation of all statements and matters contained herein. I further authorize the Polish Roman Catholic Union of America to deduct any student loan balances that I may owe from my life insurance certificate, upon its cancellation, surrender or upon my death.

Signature of Applicant	Date
Signature of Society President or Secretary	Date

NOTARY PUBLIC

Subscribed and sworn before me this _____ day of _____, 20____
 at _____.

Signature of Notary Public

Notary Seal or Stamp My commission expires _____, 20____

NOTE: A letter of registration and a list of courses you are currently registered to take must accompany this application, together with a photocopy of the applicant's driver's license. To receive a loan, you must be enrolled in full-time study.