

MEMBER'S APPLICATION FOR STUDENT LOAN

A letter of registration from the attending school 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.

If you have any questions, or for additional information, please contact us at 2 1-800-772-8632 or visit our website at • www.prcua.org

PLEASE PRINT IN ALL BLOCK AREAS; WITH C	APITAL LETTERS WHEN NECESSAR
1. INSURED INFORMATION	
First (MI) Last Name	
STREET ADDRESS / CITY, STATE, ZIP CODE	
	Land Description (Market / Description
PHONE NUMBER MEMB	BER'S DATE OF BIRTH — (MONTH/DAY/YEAR
TAX IDENTIFICATION NUMBER (SSN / EIN) DRIVER'S LICENSE NUMBER	State
Citizenship (check one)	
□ U.S. Citizen □ Permanent Resident □ Other □ U.S. Citizen	
Alien Registration Number	
NUMBER OF DEPENDENTS AGE OF DEPENDENTS	
Society Poster Continued to	\$AMOUNT OF LOAN REQUESTED
SOCIETY ROSTER CERTIFICATE	AMOUNT OF LOAN REQUESTED
MAJOR COURSE OF STUDY	
	(chack ana)
	☐ Part Time (see note above)
- Fresimal - Sopromore - Julio - Senior - Full Time	Fait Time (see note above)
	X
ACADEMIC PERIOD (FROM / TO) PHONE NUMBER OF SCHOOL	
School Attending	
STREET ADDRESS / CITY, STATE, ZIP CODE	
Member's Application For Student Loan	SL1290A - 1

POLISH ROMAN CATHOLIC UNION OF AMERICA	984 N Milwaukee Ave • Chicago IL • 60642-4101
1. INSURED INFORMATION	(continued from page 1)
Have you received a student loan from PRCUA before?	☐ Yes ☐ No
A. DAY/MONTH/YEAR	B. DAY/MONTH/YEAR
C. DAY/MONTH/YEAR	D. Day/Month/Year
2. PERSONAL INFORMATION	
Father:	
FIRST (MI) LAST NAME	
STREET ADDRESS / CITY, STATE, ZIP CODE	
PHONE NUMBER	PRCUA Member? ☐ Yes ☐ No
Mother:	
FIRST (MI) LAST NAME	
STREET ADDRESS / CITY, STATE, ZIP CODE	
PHONE NUMBER	PRCUA Member? □ Yes □ No
Spouse:	
FIRST (MI) LAST NAME	
STREET ADDRESS / CITY, STATE, ZIP CODE	
PHONE NUMBER	PRCUA Member? ☐ Yes ☐ No
3. REFERENCES	(do not include former employers or relatives)
A. FIRST (MI) LAST NAME	
STREET ADDRESS / CITY, STATE, ZIP CODE	
PHONE NUMBER RELATIO	INCLID
Member's Application For Student Loan	(continued on next page) SL1290A - 2

POLISH ROMAN CATHOLIC UNION OF AMERICA	984 N Milwaukee Ave • Chicago IL • 60642-4101	
3. REFERENCES	(continued from page 2)	
B. FIRST (MI) LAST NAME		
STREET ADDRESS / CITY, STATE, ZIP CODE		
PHONE NUMBER	Relationship	
C. FIRST (MI) LAST NAME		
STREET ADDRESS / CITY, STATE, ZIP CODE		
PHONE NUMBER	Relationship	
4. SIGNATURES		
and matters contained herein. I further authorize the Polish Roman Catholic Union of America to deduct any student loan balances which I may owe from my life insurance certificate, upon its cancellation, surrender or upon my death. Signature Of Applicant		
as their free and voluntary act.	SEAL:	
SIGNATURE OF NOTARY PUBLIC		
5. ADDITIONAL INFORMATION		
Please mail all pages of this completed application to:	INTERNAL OFFICE USE ONLY	
SECRETARY-TREASURER DEPARTMENT	PROCESSED BY: (PLACE DEPARTMENT RECEIVED STAMP BELOW)	
POLISH ROMAN CATHOLIC UNION OF AMERICA 984 N MILWAUKEE AVE CHICAGO, IL 60642-4101	Personnel	
CHICAGO, IL 00042-4101	DATE	