

STUDENT LOAN APPLICATION

_____ Student Loan Request _____ Loan Extension Request

Loan Amount Requested _____

Applicant Name: _____ Age: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Grange Name & Number: _____

Co-Signer* Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Grange Name & Number: _____

Relationship to Applicant: _____

*CO-SIGNER REQUIRED IF APPLICANT IS UNDER 21 YEARS OF AGE.

The purpose of this student loan will be to assist the applicant in enhancing their education at the following accredited university, college, or trade school:

Name of School: _____

Location: _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE LOAN REQUIREMENTS FOR AN INTEREST FREE STUDENT LOAN FROM THE MICHIGAN STATE GRANGE FOUNDATION.

Signature of Applicant: _____ Date: _____

Signature of Co-Signer: _____ Date: _____