



# APPLICATION FOR STUDENT LOAN ASSISTANCE PROGRAM

<b>APPLICANT INFORMATION</b>	
Name:	
Home Address:	
Phone:	Email:
Current Rugby Area Employer:	
Employer Address:	
Date of Hire:	
Job Title/Position:	
Completed Certification or Degree:	
University, college or other institution of training:	
<b>VOLUNTEER INVOLVEMENT IN RUGBY AREA (Include organizations, roles, years/length of service)</b>	
<b>EMPLOYER CERTIFICATION SECTION – to be completed by the business owner, manager or HR director</b>	
Position Held by Applicant:	
Verification Employment is Full-Time? <input type="checkbox"/> Yes	
Applicant Hire Date in Current Position:	
City Where Applicant is Working:	
As the employer, do you agree to notify the Rugby JDA within 2 weeks if the applicant ceases to be a full-time employee of your business or organization for the duration of assistance, maximum 3 years.	
<input checked="" type="checkbox"/> Yes, I'll notify the JDA of any status change.	
Contact Phone:	Email:
Contact Name:	
Contact Title:	
Employer Signature:	Date:

MUST ATTACH THE FOLLOWING FOR APPLICATION TO BE CONSIDERED COMPLETE:

- Most recent student loan billing statement, account summary, or other loan document to include your name, lender name, payment mailing address and account number, plus the outstanding principal balance of your student loan.
- Completed IRS Form W-9

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_