

INDIANA 4-H FOUNDATION, INC.

Agricultural Administration Building, Room 101

615 West State Street

West Lafayette, IN, 47907-2053

Phone: 765.494.8483

Fax: 765.494.5876

AMICK LOAN APPLICATION INFORMATION

Criteria

- Financial Need
- Former 4-H member, minimum of 5 years
- Junior or Senior classification at any Purdue University campus
- Minimum graduation index (GPA) of 2.5
- Students may apply at any time up to 2 weeks before the start of the semester for which they are requesting aid

Terms

- Maximum loan per academic year of \$2,500
- Maximum total loan of \$5,000 (Students must be academic seniors, as indicated on their academic transcripts, in order to receive a second loan.)
- Interest free loan, if repaid according to terms of repayment agreement

Documentation

Attach a letter with each of the following to the application form:

- Letter documenting 4-H membership from county Extension office
- Official Grade Transcript
- Copy of current Financial Aid Form **or** a financial statement (request, if needed)
- Copy of latest Financial Aid Eligibility notice
- Budget of anticipated school expenses
- Plan of study leading to graduation

If application is accepted by the Foundation, a repayment plan will be created and must be signed by the applicant and co-signer before a check is issued.

It is the policy of the Indiana 4-H Foundation that all persons shall have equal opportunity and access to its programs and facilities without regard to race, color, sex, religion, national origin, age, or disability.

A M I C K L O A N A P P L I C A T I O N

Information about Student Applicant:

Date of application: _____ Amount Requested: _____

Year and Semester for which loan is requested: _____

Name (please print): _____

Student ID Number (PUID): _____

Date of Birth (MM/DD/YYYY): _____

Email Address: _____

Classification: Junior _____ Senior _____

Anticipated Graduation Date for BS or BA Degree: _____

School: _____ Major: _____

Academic Adviser Name and Phone: _____

Permanent Address: _____

Home Phone: _____

School Address: _____

School Phone: _____

A M I C K L O A N A P P L I C A T I O N
(continued)

Information About Co-Signer of Note Guaranteeing Payment:

Name (please print): _____

Home Address: _____

Home Phone: _____

Social Security Number: ____ - ____ - _____

AMICK LOAN APPLICATION

(continued)

Briefly describe your family status with regard to siblings, ages, financial commitments, number in college, unusual circumstances, etc. Explain the need for a loan and how it will be used. (An additional page may be attached if necessary.)

Complete this statement: "If I do not receive support from the Amick Loan Fund, my alternative method(s) for financing my education for the semester would be..."