

California-Nevada-Hawaii District-LCMS

Loan Forgiveness Program Application

All information must be completed: Deadline is October 15. Grant will be sent to the lender within 30 days after the deadline. Each applicant can receive only one grant per year.

Copies of current loan statements listed on this application MUST BE SENT along with the application to Denise Lo at 2772 Constitution Drive, Suite A, Livermore, CA 94551. No fax please.

Applicant Information

Name: _____ New Appl ☐ Yes ☐ No
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

E-mail: _____ Phone: () _____

Information - First Called (Only apply to first time applicant)

School Graduated:		Grad Date:	
1 st Call-Cong's Name:		City, State	
Installation Date:		Position:	

Loan Information – Loan documents for each item must be attached with this application

1. Lender's Name _____ Loan Bal : _____

2. Lender's Name _____ Loan Bal : _____

3. Lender's Name _____ Loan Bal : _____

4. Lender's Name _____ Loan Bal : _____

5. Lender's Name _____ Loan Bal : _____

Please add lender's information on a separate page if necessary

TOTAL : **\$0.00**

Grant Payment Information – Grant will be sent according to the information that you provide below

Lender's name _____
Select only one from above Account No

Address _____
Street Address Apt/Suite #

_____ *City State ZIP Code*

Signature: _____ Date: _____

For internal use only

Total Bal		Grant Rate		Grant Bal	
Paid Date		CK#			