

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 Kathryn Plott at 2772 Constitution Drive, 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 :	_____
			TOTAL :
Please add lender's information on a separate page if necessary			_____

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#	_____	_____	