

# California-Nevada-Hawaii District-LCMS

## Loan Forgiveness Program Application

All information must be completed: Deadline for Fall is October 15 and for Spring is March 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

Send 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 <sup>st</sup> 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 | <b>TOTAL :</b> _____ |

### 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#			