

Date Received
In Office:

TOMS RIVER STUDENT LOAN FUND

54 Washington Street, Toms River, New Jersey 08753

Phone: 732-505-2600 Fax: 732-341-2105

LOAN APPLICATION

Thank you for applying for the Toms River Student Loan Fund. Students who have graduated from the Toms River Regional School District may be eligible for this student loan. Undergraduate and Graduate Students may borrow up to **\$2,500.00 a year** for their education depending upon the availability of funds. Please complete this application in its entirety and return it to the Guidance Department at your school or to 54 Washington Street, Toms River, New Jersey 08753, C/O Mr. John H. Green.

PART 1. STUDENT INFORMATION (PERSONAL).

Last Name: _____ First Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

School Email: _____

Date of Birth: _____ Social Security Number: _____

Driver License: _____

Student is: Single Married Separated/Divorced

Student resides with: Parents One Parent Spouse

Requested TRSLF amount: \$ _____ for the 20____-20____ school year.

Previous family TRSLF recipients: _____

PART 2. STUDENT INFORMATION (EDUCATION).

High School Attended: _____ Year Graduated: _____

College/University Attending: _____

College/University Major: _____

Career Goal: _____

Year in College/University: Freshman Sophomore Junior

Senior 5th Year Senior Grad School

Educational Goal: Certificate Associate's Degree Bachelor's Degree

Master's Degree Doctoral Degree

PART 3. COLLEGE COSTS/FUNDS AVAILABLE/STUDENT ASSETS/CURRENT DEBT.

College Tuition: _____ Board (meal plans, etc): _____

Books/Supplies/Lab Fees: _____ Residence Fees (if any): _____

Other Expenses: _____ Total College Cost: _____

Student's taxable income last year: _____

Student's (and spouse's) savings and assets: _____

Funds presently available for college:

From Savings: _____ From Parents/Guardians: _____

From Scholarships/Grants: _____ Loans: _____

College Work Study: _____ Trusts: _____

Other Available Funds: _____ Total Available Funds: _____

Current Debt:

Name of Creditor	Amount	Balance	Purpose	Repayment Status
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please explain, if any, any unusual or special circumstances that you feel the TRSLF committee should be aware of:

PART 4. CERTIFICATION BOX.

I certify that the information contained herein is true, correct, and a complete statement of any finances and all facts pertaining to the consideration and granting of such loan. Any monies loaned to me by the TRSLF will be used to help pay my educational expenses. Furthermore, I have read all conditions of the loan and its repayment. These terms and conditions are agreeable and binding to me.

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Co-Signer Information:

Co-Signer Name: _____

Co-Signer Signature: _____ Date: _____

Address: _____

Social Security Number: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____