

**GOVERNOR MIFFLIN CONTINUING EDUCATION FUND
of Berks County Community Foundation
SCHOLARSHIP LOAN APPLICATION**

This fund was transferred to the Berks County Community Foundation for administration in 2012 from M&T Bank.

The fund provides monetary loans to student graduates of the Governor Mifflin Senior High School for use in an accredited post-high school course for the furtherance of his or her education.

To be eligible for a loan, the student must fall within the following:

- a. Must be a graduating senior or have graduated from Governor Mifflin Senior High School.
- b. Must be enrolled in an accredited post-high school course as a full-time student.
- c. Must make a written application for the loan on or before the date set by the Loan Fund Review Board.

Applicants may reapply and may receive more than one loan over their lifetime, with a maximum lifetime award to one person of \$10,000.

Applicants must submit this application and all attachments to Berks County Community Foundation by April 1st. Application and all attachments can be emailed to Franki Aitken at frankia@bccf.org or mailed to:

*Governor Mifflin Continuing Education Fund
Berks County Community Foundation
237 Court Street
Reading, PA 19601*

Loan terms and requirements:

Applications will be reviewed and approved by the end of May. Loans will be available to be paid by July 1st of that year. The amount of each loan and the number of loans allowed shall be determined by the Loan Fund Review Board, with a maximum lifetime award to one person of \$10,000.

A Promissory Note signed by the borrower and a Surety Agreement (co-signer) legally binds him/her to the repayment terms as specified in the note. Non-eligible cosigners include: spouse of applicant, fiancé or fiancée of applicant.

If full repayment of the loan is made within the first year after the change in status (graduation from program or discontinuance of enrollment in the educational program), no interest shall be charged. If the borrower elects to repay the loan over an extended period of time, the total amount must be paid in installments, at least quarterly, over no more than a four (4) year period, with the following interest rates applicable on the outstanding balance on the anniversary date thereafter:

- Beginning at the end of the 1st year of change in status – 3%
- Beginning at the end of the 2nd year of change in status – 4%
- Beginning at the end of the 3rd year of change in status – 5%
- Beginning at the end of the 4th year of change in status – Terms of the note will be enforced

Applicant Information:

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Date of Birth: _____

E-Mail Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Marital Status: _____ Spouse's Name: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Family Information:

Name of Mother: _____ Name of Father: _____

Mother's Address: _____

Father's Address: _____

Mother's Occupation & Employer: _____

Father's Occupation & Employer: _____

Number of siblings who are dependent upon your parents for their support: _____

Number of siblings current in college: _____

Number of other relatives (grandparents, uncles, aunts) who are dependent upon your parent's support: _____ Specify: _____

Educational Information:

High School graduated from or will graduate from: _____

High School graduation date: _____

Institution you are attending or plan to attend: _____

Institution's Address: _____

Institution's City, State and Zip: _____

Select one: Pursuing an Undergraduate degree _____ OR Pursuing a Graduate degree _____

List college grade level you will be in for the semester you are applying: _____

Will you be a full-time student? Yes _____ No _____

Will you live at home or on school campus? Home _____ Campus _____

Degree or certification pursuing: _____

Year you anticipate completing your degree: _____

Are you on academic probation? Yes _____ No _____

If yes, explain: _____

Employment:

List any employment you have had in the last 2 years:

List employer name: _____

Employer Address: _____

Position: _____ FT _____ or PT _____ Dates Employed: _____

List employer name: _____

Employer Address: _____

Position: _____ FT _____ or PT _____ Dates Employed: _____

Financial:

Estimated expenses for school year:

Tuition & Fees \$ _____

Books \$ _____

Room/Board \$ _____

Financial resources for school years:

Personal funds (cash, savings, etc.) \$ _____

Applicant's anticipated earnings for the year \$ _____

Support from Parents \$ _____

Grants (Pell/State/Grant) \$ _____

Loans (Do not include this loan) \$ _____

Social Security \$ _____

Veteran's or G.I. \$ _____

Other Scholarships Received \$ _____

Other Income \$ _____

Amount of loan requested: _____

Have you previously received a loan from the Governor Mifflin Loan Fund? Yes _____ No _____

If yes, complete the following:

Year	Amount of loan from Governor Mifflin Loan Fund
_____	_____
_____	_____
_____	_____

You will be asked to have someone cosign this loan. The following persons are not acceptable cosigners: husband or wife of the applicant, or a fiancé or fiancée of the student.

Family Finances:

Applicant’s annual earnings (adjusted gross income from Form 1040): _____

Parent’s annual earnings (adjusted gross income from Form 1040): _____

Parent’s nontaxable income: _____

Parent’s assets:

- Home and personal real estate equity (current market value less mortgage): _____
- Balance in checking and savings accounts: _____
- Present market value of investments: _____

Applicant’s balance in checking and savings accounts: _____

Applicant’s present market value of investments: _____

Cosigner Information:

Cosigner First Name: _____

Cosigner Last Name: _____

Cosigner Middle Name: _____

Cosigner Suffix: _____

Cosigner Occupation: _____

Cosigner Home Address: _____

Cosigner Home City, State, Zip: _____

Cosigner Relationship to You: _____

Cosigner Phone: _____

Cosigner Email: _____

Applicant Signature: _____ Date: _____

Attachments:

- Letter of support from cosigner regarding willingness to cosign.
- Short answer: Explain how this loan will help you with your educational endeavors.
- Most recent high school transcript (if the applicant is a high school senior). The transcript can be unofficial.

OR

Most recent college transcript (if the applicant is a current college student). The transcript can be unofficial.

- Proof of acceptance to an educational institution or certification program.

Berks County Community Foundation employees, board members and/or committee members are not eligible to apply for or be nominated for a scholarship offered by Berks County Community Foundation, nor are their immediate family members. However, immediate family members are eligible to be nominated and recognized as the recipients of a scholarship, but without the financial award of the scholarship. Immediate families include spouses; children, stepchildren, grandchildren, step grandchildren, and their respective spouses; siblings and their spouses; and ancestors. The ineligibility period for Berks County Community Foundation board members or employees and their family members extends five years after board service or employment terminates. The ineligibility period for committee members who are not Berks County Community Foundation staff or board is in effect only during their term of service and is only related to the committee on which they make decisions.