



INTEREST-FREE LOAN APPLICATION

FIRST TIME APPLICANT—HIGH SCHOOL SENIOR

89 NORTH MAIN ST.
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ATTLEBORO, MA 02703

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- ANSWER EVERY QUESTION FULLY AND SUBMIT APPLICATION TO ABOVE ADDRESS BEFORE **MARCH 25th**.
- A **CSS PROFILE FINANCIAL AID FORM IS REQUIRED USING CODE #0613 IN THE SCHOOLS AND PROGRAMS TO RECEIVE THIS REPORT SECTION. THE REPORT MUST REACH OUR OFFICE BY APRIL 1st** THE CSS WEBSITE IS - cssprofile.org
- APPLICANT MUST BE A FULL-TIME UNDERGRADUATE STUDENT.
- APPLICANT MUST BE A RESIDENT OF ATTLEBORO FOR 12 MONTHS PRIOR TO DATE OF APPLICATION.

DATE OF APPLICATION _____ DATE OF BIRTH _____

APPLICANT'S NAME (PLEASE PRINT) _____

APPLICANTS MAILING ADDRESS _____

SS# _____ E-MAIL _____ PHONE _____

HIGH SCHOOL ATTENDING _____ GRADE POINT AVERAGE _____

WHAT COLLEGE OR TRADE SCHOOL DO YOU PLAN TO ATTEND?

1ST CHOICE _____ ACCEPTED? YES _____ NO _____

2ND CHOICE _____ ACCEPTED? YES _____ NO _____

DO YOU PLAN TO: LIVE ON CAMPUS _____ COMMUTE _____

WHAT DO YOU PLAN TO MAJOR IN? _____

LENGTH OF STUDY: 1 YEAR _____ 2 YEARS _____ 4 YEARS _____ 5 YEARS _____

ESTIMATED DATE OF COLLEGE GRADUATION (MONTH/YEAR) _____

LIST SIGNIFICANT EXTRA-CURRICULAR ACTIVITIES YOU HAVE PARTICIPATED IN TO DATE—SCHOOL AND OTHER—OR ATTACH YOUR STUDENT ACTIVITIES SHEET OR STUDENT RESUME.

PLEASE TURN OVER

INTEREST-FREE LOAN APPLICATION – SIDE 2

WHAT DOES YOUR FINANCIAL AID PACKAGE CONSIST OF?
PLEASE COMPLETE –INCLUDE COPY-IF YOU HAVE RECEIVED THIS INFORMATION FROM YOUR SCHOOL.

IF YOU DO NOT HAVE THIS INFORMATION AT TIME OF APPLICATION- YOU MAY LEAVE BLANK
PLEASE CALL OR FAX FOUNDATION OFFICE WITH SCHOOL DECISION AND FINANCIAL AID PACKAGE
BEFORE APRIL 1ST

GRANTS

SCHOOL GRANT _____
PELL GRANT _____
S.E.O.G. _____
MASS. STATE _____
OTHER (SPECIFY) _____

LOANS

STAFFORD LOAN _____
PERKINS LOAN _____
OTHER (SPECIFY) _____

COST OF SCHOOL

TUITION/FEES _____
ROOM/BOARD _____
COMMUTING EXP. _____
BOOKS/SUPPLIES _____
PERSONAL _____

TOTAL _____

BUDGET

FAMILY CONTRIBUTION _____
STUDENT CONTRIBUTION _____
TOTAL AID PACKAGE _____

UNMET NEED _____

STUDENT STATEMENT

I HEREBY PETITION THE ATTLEBORO SCHOLARSHIP FOUNDATION FOR A LOAN. I HAVE ANSWERED
ALL QUESTIONS ON THIS FORM TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE _____ DATE _____

PARENT'S AUTHORIZATION

TO THE BEST OF MY KNOWLEDGE THE INFORMATION REPORTED ON THIS APPLICATION IS COMPLETE
AND CORRECT. I AUTHORIZE THIS APPLICANT TO APPLY FOR LOAN FUNDING FROM THE ATTLEBORO
SCHOLARSHIP FOUNDATION WITH MY FULL KNOWLEDGE AND CONSENT.

PARENT SIGNATURE _____ DATE _____

ADDRESS _____ SS# _____

E MAIL _____

****IMPORTANT**

**THE COLLEGE SCHOLARSHIP SERVICE (CSS) PROFILE FINANCIAL AID FORM USING CODE 0613 IS
REQUIRED. IF YOU NEED ASSISTANCE WITH THIS FORM CALL THE ASF OFFICE @ 508-226-4414.**