

W. C. KING LOAN APPLICATION
Florida College Student Financial Aid
119 N. Glen Arven Ave.
Temple Terrace, FL 33617

Please complete this form and deliver it to the Chairman of Biblical Studies

Approvals: Biblical Studies Chair _____ Date: _____
 Financial Aid Director _____ Date: _____
 W.C. King Loan Trustee _____ Date: _____

PLEASE PRINT

Today's Date: _____ Loan Request Fall: \$ _____
School Year: _____ Spring \$ _____

Name: _____

Home Address: _____

Date of Birth: _____ E-mail address _____

Cell phone number _____ Single/Married: _____ Years of College Completed: _____

Parent's Names: _____

Address if different: _____

E-mail address and phone number _____

Personal Recommendations:

Three non-family friends or acquaintances who know your work in the church; include at least one preacher, all of whom would know where to reach you at all times.

Name: (1) _____ (2) _____ (3) _____

Address: _____

E-mail or phone # _____ E-mail or phone # _____ E-mail or phone # _____

Local church of Christ you attend: _____ Proposed Profession: _____

Signed

Date

I agree to inform Florida College of my mailing address until loan is fully repaid and to the following terms:

Terms: Repayment of this loan will begin 90 days after cessation of full-time enrollment in college. Minimum payment of \$30.00 per month or 1% of balance (whichever is greater). Interest will be assessed at 4% of the balance as of August 1 of each year.

Repayments are deferred during college enrollment (full or half time) and/or full time preaching in a church of Christ.

Upon approval, one fifth of the original loan may be waived for each year of full-time preaching after completion of college.

Information regarding repayments may be shared with Florida College