

**MACALESTER COLLEGE
INSTITUTIONAL LOAN APPLICATION**

Type of Loan _____ (to be completed by Financial Aid Office)

You must complete and **return this form to the Financial Aid Office** in order to be eligible to receive your Loan. The purpose of requesting this information is to assist Macalester College in the duty of recovering outstanding loan debts. If you should at any time default on your loan payments, the Student Loan Office will submit this information to its collection agency.

(Please print legibly - COMPLETE ALL INFORMATION)

BORROWER'S INFORMATION

Name: Last:	First:	Middle:	SSN:
Current Address : Street:	City:	State:	Zip: Telephone:
Permanent Address : Street:	City:	State:	Zip: Telephone:
Date of Birth:	Sex (F/M):	Driver's License #	State:
Year in College (FR/SO/JR/SR):		Anticipated College Graduation Date (month/year):	

REFERENCES:

NAME	ADDRESS (street, city, state, zip)	TELEPHONE
Spouse:		
Father/Guardian:		
Employer of Father/Guardian:	_____	_____
Mother/Guardian:		
Employer of Mother/Guardian:	_____	_____

List two (2) references other than parent/guardian who will always know your address:

NAME/RELATIONSHIP	ADDRESS (street, city, state, zip)	TELEPHONE
Name: Relationship:		
Name: Relationship:		

I attest that this information is true to the best of my knowledge, and that there is no intent to defraud or misinform.

Signature

Date