



DEPARTMENT OF WISCONSIN
M. Louise Wilson Educational Loan Fund Application

Promisor name First MI Last Date of Birth

Mailing address City/State/Zip

Phone # Email:

I am a member of Auxiliary Unit # located in City

My member ID # is I am the Relationship of Name of Veteran

Who entered the Branch of Service on Date and was honorably discharged on Date

I graduated from High School Town/City

Co-Signer First M.I. Last

Address of Co-Signer City/State/Zip

Phone # Email:

Relationship to Promisor

My choice of school Course of study

School entrance date School completion date

REFERENCES:

- Three letters of reference (on letterhead) are required from: Pastor, Superintendent of School, Teacher, Counselor, or Business Proprietors. Relatives are not accepted as references.

NOTE: PLEASE ATTACH LETTERS OF REFERENCE AND HIGH SCHOOL GRADE TRANSCRIPT

I believe the above information to be true; and hereby make application for a loan of \$ 800.00 from the M Louise Wilson Educational Loan Fund. I will use the money for education for myself. I understand if I withdraw from full-time student status, this loan shall mature and become payable in regular monthly installments of not less than fifty dollars (\$50.00) each. I agree to begin loan repayment no later than six (6) months after I cease being a full-time academic student. Loans are renewable for up to five (5) years, for a total loan limit of \$4,000.00.

Applicant's signature Date

No interest will be charged on the money loaned unless loan is in default.