

DR. MAX THOREK STUDENT LOAN FUND, INC. LOAN APPLICATION

1516 North Lake Shore Drive, Chicago, Illinois 60610

APPLICANT PERSONAL INFORMATION

Name:

Date of birth:

SSN:

Email:

Primary Phone:

Cell:

Marital Status:

Address while in training:

City:

State:

ZIP Code:

Own Rent Dorm (Please circle)

Monthly payment or rent:

How long at this address?

Home or permanent address:

City:

State:

ZIP Code:

Own Rent Parents (Please circle)

Monthly payment or rent:

How long?

Are you a US Citizen?

If not, are you an Alien lawfully admitted in the U.S. for permanent residence?

Are you a Veteran?

List names of your dependants if any (including spouse):

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

Employer Contact Name (Supervisor):

FAMILY INFORMATION

If parents deceased list nearest living relative

Father's Name:

Mother's Name:

Email:

Email:

Primary Phone:

Secondary Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Father's Occupation:

Mother's Occupation

Total Household Income:

Number of siblings:

EDUCATION

Current School/Hospital Name:

Address:

Medical School or Residency?

Phone:

Fax:

City:

State:

ZIP Code:

Year:

Semester:

Anticipated year training will be completed (including residency):

Anticipated Medical Specialty:

List all previous College level education, including medical school. (Institution and year of graduation)

**DR. MAX THOREK STUDENT LOAN FUND, INC.
ADDITIONAL APPLICATION INFORMATION**

Name of a non-parent relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

List two personal references with contact information below:

1.

2.

CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

MORTGAGE COMPANY

Account no.:

Address:

AUTO LOANS

Auto loans (Car make & creditor)	Account no.	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

(Include all student loans, use additional sheet if necessary)

Description (Bank name, etc.)	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description (Home, auto, savings account, checking, etc.)	Amount per month or value

Are the listed assets available to assist with educational expenses and if so how? Please also indicate if any existing student loans are included in the financial report on page 3 under "Resources" – "Other Loans"

I authorize the Dr. Max Thorek Student Loan Fund, Inc. to verify the information provided on this form as to my personal, credit and employment history.

Signature of applicant

Date

Signature of co-signer, if one is available

Date

Print co-signer name

City, State

DR. MAX THOREK STUDENT LOAN FUND, INC.

Financial Information & Certification

Applicant's estimated expenses and resources for the period this loan is to be used (not to exceed 12 months):

From _____ to _____

Expenses		Resources	
Tuition & fees		Net Earnings	
Books/Supplies		Applicant	
Food		Spouse	
Housing		Other Income	
Transportation		Savings	
Clothing		Gifts	
Medical Dental		Scholarship	
Other		Other Loans	
		Other	
Totals			
Deficit (Resources minus expenses)		\$	

Attach separate sheet if needed.

**CERTIFICATION
(TO BE COMPLETED BY SCHOOL OR HOSPITAL OFFICIAL)**

School or Hospital (full name, address and phone):

Applicant's name and current address as it appears on official records:

I certify that the applicant whose true signature appears below is enrolled as stated in this application and is in **good standing**. To the best of my knowledge, the statements in this application are accurate and fairly represent the situation of the applicant. I agree that if a check for the proceeds of the loan is received by me I will promptly deliver such check, together with any accompanying material, to the applicant.

(Please print or type name and title)

Signature of school representative:

Name:	Title:
Phone:	Email:
Address:	