

# STUDENT EDUCATION LOAN FUND of LIVERMORE (SELF) LOAN APPLICATION INSTRUCTIONS

## **Completing and Sending the PDF Form**

The application form has been set up so you can complete the form in Acrobat Reader. Please save the completed form using a unique name such as: {yournameapp}.pdf and send the saved file to SELF using the "Email to SELF" button on the saved form. You **must save** the form before sending it to us or it will be blank.

The document can be sent as attachment to an email using either your desktop software or webmail. You will be asked to choose.

**Desktop software:** The software will create an email with the attachment, ready for you to send. You should review this email prior to sending.

**Webmail:** You must save the file then open your webmail and **manually create** an email with the attachment. Please use email address: hnlgalles@gmail.com

Please make sure you have the version of Acrobat Reader that allows you to use these functions.

**Applications must be email-dated or postmarked no later than July 1.**

**ELIGIBILITY: THE APPLICANT MUST BE A RESIDENT OF LIVERMORE, CA OR  
A GRADUATE OF A LIVERMORE (CA) HIGH SCHOOL**

## **Application Check List**

The first four items below can be submitted either by emailing them to: hnlgalles@aol.com  
or by ordinary mail to:

Linda Nidever-Galles, SELF  
The Student Education Loan Fund of Livermore  
3640 Jerrold Road  
Livermore, CA 94550

## **Available or mailable items:**

Download this Application from [www.selfloans.org](http://www.selfloans.org) follow these instructions, and complete the forms on your computer. You may need download Adobe Acrobat Reader for free to work with this form on your computer. The form should expand to provide as much space that you need for each answer. Identify your co-responsible cosigner providing their relation to you, and their mailing address, telephone numbers, and email address. Persons accepting loans must have a co-responsible cosigner over the age of 25 who can accept responsibility for the loan if the applicant fails to do so.

Two (2) letters or emails of reference from someone **other than family or relatives**

Write a statement of 150 words or less indicating any special circumstances to be considered by the application committee.

Tell us how you heard about SELF

## **Mailable only:**

Provide by mail official transcripts from your high school and the last school that you attended or are attending. Contact the school and have them send the transcript directly to;

Linda Nidever-Galles, SELF  
The Student Education Loan Fund of Livermore  
3640 Jerrold Road  
Livermore, CA 94550.

All information submitted will be kept strictly confidential.

## **Deadline:**

Applications must be email-dated or postmarked no later than July 1. However, applications at other times of the year may be considered under special circumstances; contact Linda Nidever-Galles at 925-443-4943 or email [hnlgalles@gmail.com](mailto:hnlgalles@gmail.com)

## Loan Awards:

Loan checks will normally be conveyed in August after review of the applications and signing of the loan contract by the student and the cosigner

## Annual Loan Reconfirmation Statement

Following the Application Form, you will find the annual Loan Reconfirmation Statement form. Submit this each April, NOT NOW. Do so by email to: [roger.everett@sbcglobal.net](mailto:roger.everett@sbcglobal.net)

or mail to;

SELF:

Student Education Loan Fund of Livermore

P. O. Box 2475

Livermore, CA 94551-2475

## STUDENT EDUCATION LOAN FUND of LIVERMORE (SELF) LOAN APPLICATION

Applications must be email-dated or postmarked no later than July 1.

Applicant Name (Last, first, middle)      Date of Birth      Age      Sex (M/F)      Marital Status      Annual Income

I am: a graduate of a high school: in Livermore.  Yes  No a Livermore resident;  Yes  No a US citizen  Yes  No .

Home address (Street, City, State Zip)      Telephone

Social Security Number      Drivers License State/Number      Email Address

Name of Father or Guardian      Address      Telephone      Email Address

Name of Mother or Guardian      Address      Telephone      Email Address

Name of Cosigner (may be parent)      Address      Telephone      Email Address

Name-1 two people who will always      Address      Telephone      Email Address

Name-2 know where you are      Address      Telephone      Email Address

Student's High School      City, State      Entered(Mo/Yr)      Graduated (Mo/Yr)

College or Institution you are attending or plan to attend      City, State      Entry date

Current Status (high school year, college year, or post college year)      Expected Graduation(Mo/Yr)

For what occupation are you preparing?      Major Subjects

**List awards or honors have you received and when.**

Award	Date Received
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**Extracurricular activities in which you participate and organizations to which you belong.**

**List employment experience. Give name and address of employer and approximate dates employed.**

Employer

Dates Employed

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**List any financial aid or scholarships now held, giving name, amount and period held.**

Source

Amount

Period

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Estimate School Year Cost; \_\_\_\_\_ = Tuition/Fees: \_\_\_\_\_ + Room/Board: \_\_\_\_\_ + Other Expenses: \_\_\_\_\_.

SELF Loan Amount requested: \_\_\_\_\_ (\$1,000; \$1,500; \$2,000; or \$2,500)

I hereby declare that I have read all the statements on this application and that to the best of my knowledge and belief they are correct. I am aware that a co-responsible cosigner is required for the loan that I may receive from SELF.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Signer Signature

\_\_\_\_\_  
Date

Rev 6/12

**NOTICE: Please fill out and return this statement in April even if no payment is due. May be completed by co-signer/parent.**

**LOAN RECONFIRMATION STATEMENT**  
**STUDENT EDUCATION LOAN FUND**  
P. O. Box 2475  
Livermore, CA 94551-2475



Date \_\_\_\_\_

Student Name \_\_\_\_\_

Date of First Loan \_\_\_\_\_

\_\_\_\_\_ Total Loan      - Amount Repaid      = Balance Due

Student Name \_\_\_\_\_ Parent/Cosigner Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ School Status \_\_\_\_\_

Expected or Actual Date to complete Education Program \_\_\_\_\_

My loan information is still correct and I reconfirm my contractual obligations: \_\_\_Yes \_\_\_No

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We would appreciate you or your cosigner confirming the above loan information, also please provide the contact information requested and return this form.**

Please note that the loan contract which you signed stipulates that 25% of your loan balance is due by the 13th month after you complete or terminate your post high school education. Successive 25% repayments are required during each of the following 3 years. If you complete the repayments on schedule there is no interest due on the loan. Payments which are delinquent will be assessed interest at the rate specified in your loan contract (3 or 6%) per annum. If for any reason the required payments are not made on schedule, the entire loan balance plus interest becomes due and payable 4 years from the due date of the first payment. **You have agreed to report on an annual basis the information requested above. Please note our mailing address at the top of this form.**

If you have any questions about your loan please contact:

Carol Lokke (925) 447-5437(H)  
Roger Everett (925) 443-5565(H)  
Linda Nidever-Galles (925) 443-4943(H)  
Margaret Miller (925) 447-6980(H)

[clokke@gmail.com](mailto:clokke@gmail.com)  
[roger.everett@sbcglobal.net](mailto:roger.everett@sbcglobal.net)  
[hnlgalles@gmail.com](mailto:hnlgalles@gmail.com)  
[mmiller1435@gmail.com](mailto:mmiller1435@gmail.com)

For payment questions  
Student Contact  
For loan applications  
Contract Manager