

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

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

## **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: [daviddarlington@att.net](mailto:daviddarlington@att.net)

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

**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: [daviddarlington@att.net](mailto:daviddarlington@att.net) or by ordinary mail to:

David Darlington  
The Student Education Loan Fund of Livermore  
2547 Regent Rd.  
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;

David Darlington  
The Student Education Loan Fund of Livermore  
2547 Regent Rd.  
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 David Darlington at 925-606-7042 or email [daviddarlington@att.net](mailto:daviddarlington@att.net)

**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 15, NOT NOW.

Do so by email to: <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)      Main Telephone

Social Security Number      Drivers License State/Number      Email Address

**Name of Father or Guardian**      Address

Primary Phone      Alternate Phone      Email Address

**Name of Mother or Guardian**      Address

Primary Phone      Alternate Phone      Email Address

**Name of Cosigner (may be parent)**      Address

Primary Phone      Alternate Phone      Email Address

Name-1 two people who will always Address      Primary Phone      Email Address

Name-2 know where you are      Address      Primary Phone      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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**NOTICE: Please fill out and return this statement 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 94550



Due Date April 15 each year

Date Submitted \_\_\_\_\_

Name: \_\_\_\_\_

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

Total Loan	Amount Repaid	Balance Due
_____	_____	_____

Name \_\_\_\_\_ Parent/CosignerName \_\_\_\_\_

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

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

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

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

Loan Information is Correct and I Reconfirm the Obligation: \_\_\_Yes \_\_\_No

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

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

**We would appreciate you or your cosigner confirming the above loan information by April 15 each year, 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:

Dianna Geyer (925) 4699-2467(H)

Roger Everett (925) 443-5565(H)

David Darlington (925) 606-7042

Margaret Miller (925) 447-6980(H)

[diannagever2467@yahoo.com](mailto:diannagever2467@yahoo.com)

[roger.everett@sbcglobal.net](mailto:roger.everett@sbcglobal.net)

[daviddarlington@att.net](mailto:daviddarlington@att.net)

[mmiller1435@gmail.com](mailto:mmiller1435@gmail.com)

For payment questions

Student Contact

For loan applications

Contract Manager