

ST. JOHN PAUL II CATHOLIC SCHOOL TUITION LOAN APPLICATION
SCHOOL YEAR (2018 - 2019)

Amount Requested: _____

Student Name: _____

Applicant Initials Co-Applciant Initials

APPLICATION DEADLINE: MARCH 31, 2018

We intend to apply for joint credit.

APPLICANT INFORMATION:

Applicant's Name (PARENT OR GUARDIAN)	Social Security #		
Address	City	State	Zip
Email Address	Daytime Phone	YES	NO
Employer's Name	Applicant's Occupation	Active Military Duty/Reserve?	
Employer's Address	City	State	Zip

CO-APPLICANT INFORMATION:

Co-Applciant's Name	Social Security #		
Address	City	State	Zip
Email Address	Daytime Phone	YES	NO
Employer's Name	Co-Applciant's Occupation	Active Military Duty/Reserve?	
Employer's Address	City	State	Zip

In applying for this loan, I certify that the statements contained herein are true. I understand that any willful misrepresentations on this statement could result in a fine and/or imprisonment under provisions of U.S. Criminal Code. The Bank is authorized to obtain any information which it deems necessary for approval. As long as the Bank remains the holder of my Note, it may share any information regarding my Note including, but not limited to, my (our) payment history, with St. John Paul II Catholic School (Guarantor) and I (we) hereby consent to the sharing of such information with St. John Paul II Catholic School by Bank.

THE PERSON SIGNING THIS APPLICATION MUST BE THE SAME PERSON WHO SIGNS THE FINAL PAPERS.

Applicant's Signature

Date

Co-Applciant's Signature

Date

Mail Application to:

Norma Adkins or Kristine Galarza
 Allegiance Bank
 8800 Katy Freeway
 Suite 110
 Houston, Texas 77024

PLEASE BE SURE THAT THE APPLICATION IS COMPLETE, AS LOAN REQUESTS CANNOT BE PROCESSED WITHOUT THE APPROPRIATE INFORMATION.
ALSO, A COPY OF EACH APPLICANT'S AND CO-APPLICANT'S DRIVER'S LICENSE MUST ACCOMPANY THE APPLICATION OR IT WILL NOT BE PROCESSED.

