

**APPLICATION FOR
NEBRASKA JOB'S DAUGHTERS EDUCATIONAL LOAN**

_____ Date

1. Name _____ 2. Age _____

3. Home address _____ City _____

4. References:

a. Physician _____
Name Address

b. Minister or family friend _____
Name Address

c. Master Mason _____
Name Address

d. Member O.E.S. _____
Name Address

5. What education have you and where obtained? _____

6. What school do you plan to attend? _____

7. What courses are you planning to take? _____

a. How long will you require to finish the course desired? _____

8. What is your plan after finishing school? _____

9. What have you done in the way of self-support? _____

10. What other resources have you or what other assistance will you receive? _____

11. Do you have other indebtedness? _____ If so, explain where and what it is. _____

12. Date loan payments will start (within 90 days after graduation or withdrawal from school)? _____

13. Are you a member in good standing of Job's Daughters? _____

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14. If your parents are living, give names and addresses _____

15. Do you live with your parents? _____

16. If your parents are not living, give name and address of guardian, if you have one _____

17. Do your parents (or guardian) know that you are making this application? _____

Remarks _____

I, _____ Guardian of Bethel No. _____
of _____ certify to the correctness of the above
Statement and recommend consideration of this application.

Bethel Guardian Signature

(Print) Applicant's name in Full

Address

Parents or Legal Guardian's Signature (s)

APPROVED BY COMMITTEE

Name Date

Name Date

Name Date

Check # Date

PROMISSORY NOTE
Nebraska Job's Daughters Educational Loan

\$900.00

Within 90 days of graduation or withdrawal from school _____
Anticipated Date / Year

I hereby promise to pay in full or start payments to Job's Daughters International, Grand Guardian Council of Nebraska, Inc. for the Nebraska Job's Daughters Educational Fund.

The consideration of this note is a money loan to be used by me only for educational purposes. The loan will bear no interest until one year after date of maturity. After that date, interest on the remaining balance will be at 6% per annum.

I further agree that it is my responsibility to notify the Grand Guardian Council of any change in the anticipated date, and to keep my address current with the Grand Secretary.

Name in Full

Address

City & Zip code

Guarantor Signature

Guarantor's Address

Guarantor Signature

Guarantor's Address

Parent or Legal Guardian's Signature

Parent or Legal Guardian's Address

Parent or Legal Guardian's Signature

Parent or Legal Guardian's Address

Check Number / Date Issued

Grand Secretary's Signature