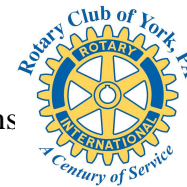


Rotary Club of York, PA, Whiteley Student Educational Loan  
RENEWAL LOAN FORM for Academic year 2017-18



Please Fill in and sign the form completely before sending. Handwritten applications not acceptable *(This form has fillable fields, you need Adobe Reader or Foxit Reader)*

**Personal Information:** (Address where mail will always reach you)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_  
 Address: Street: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 e mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount Requested (\$3,000 Max/academic year)

<b>Yearly Expenses</b>	<b>Current Year Secured Funds Available for Expenses</b>
Tuition	Federal/State loans
Room/Board	Federal/State grants
Other School Expenses	Scholarship aid
	College grants
	Parents contribution
	Student contribution
	Work Study
	other sources (not borrowing to equal expense)

Any other grant or loan requests pending? Yes      If Yes, details (who and how much)

How will you pay for any shortfall in expenses in addition to a Whiteley Loan? Explain

**Scholastic Information**

University \_\_\_\_\_ Field of study \_\_\_\_\_  
 Year entering \_\_\_\_\_ Date of graduation \_\_\_\_\_  
 Credit hours this semester \_\_\_\_\_ GPA \_\_\_\_\_  
 High School Attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_

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Extra-Curricular Activities

Other Circumstances that would help the approval committee better understand your needs

**Note Cosigner(s) - who will be responsible with you for repayment  
Both Parent(s) or Guardian(s) required (Indicate relationship)**

Last: First:  
Address: Street: City: State: ZIP:  
Last: First:

**Required Documentation**

A copy of your entire FAFSA "Student Aid Report" printed from computer or sent to you by the U.S. Department of Education

A copy of your most recent college scholastic transcript (Fall and Spring semesters)  
If applying in May, send spring grades when received

I have carefully read all the conditions under which this application for a loan is made. The answers I have given are true, complete and accurate and made without qualification.

Student's Printed Signature  
(if electronic document, printing name signifies acceptance of conditions)

Date:

\_\_\_\_\_  
Signature if paper copy

Please Return this application by **MAY 31** WITH THE REQUESTED SUPPORTING DOCUMENTS to:

The Rotary Club of York - SLA  
C/O American Red Cross  
724 S. George St York, PA 17401

Questions:  
email: [officeassist@yorkrotary.org](mailto:officeassist@yorkrotary.org)  
Phone: 717-848-1370