

## Haerlen Family Elma Education Loan Application – Graduate Students

### PART A – IDENTIFICATION DATA

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone Number:(\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_ Never Married \_\_\_ Married \_\_\_ Other

Year of High School Graduation: \_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_

Name and Location of High School: \_\_\_\_\_

Name and Location of Colleges Attended: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_

I (Propose to Enroll) (Am Attending) Name of School and Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Major Course of Study: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

Participation in Extra Curricular Activities/High School and College Honors Received, Leadership,  
Community Activities, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's Name, Occupation and Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Mother's Name, Occupation and Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

**PART B – FINANCIAL DATA**

1. Educational Costs for THIS Academic Year

A. Tuition & Fees	\$
B. Room & Board	\$
C. Books & Supplies	\$
D. Personal Expenses	\$
E. Transportation	\$
F. Other	\$
H. Total	\$

2. Financial Aid THIS Academic Year – If None, Place 0 in Box

A. Aid From Parents	\$
B. Personal Savings & Earnings	\$
C. Scholarships, Fellowships, Other Grants	\$
D. Educational Loans	\$
E. Other	\$
H. Total	\$

Amount Required for Student to Meet Immediate Education Expense (1H Minus 2H): \_\_\_\_\_

Amount of Loan Requested: \_\_\_\_\_

Previous Educational Loans

<u>Name of Lender</u>	<u>Loan Dates</u>	<u>Amount</u>	<u>Unpaid Balance</u>

What is your present annual income and that of your spouse, if you are married? \_\_\_\_\_

**Certification and Release Authorization**

I certify that the matters, including financial information, herein stated are true, complete and accurate; and I authorize release of any information to confirm and/or verify this application.

\_\_\_\_\_  
Date Signature of Applicant and Spouse (if married)

\_\_\_\_\_  
Date Signature of Applicant’s Parent(s) is required if financial support is indicated above

Please mail this form with required materials to the Grays Harbor Community Foundation, c/o Elma Loan Program, 705 J Street, PO Box 615, Hoquiam, WA 98550. For further information, please call 360-532-1600 or via email, [info@gh-cf.org](mailto:info@gh-cf.org).