



STUDENT LOAN FUND

July 2010

Dear Student:

Attached are application materials for a student loan available through the Auxiliary to the American Veterinary Medical Association. This private student loan fund has grown to its current revolving level of more than \$2.9 million as a result of years of annual contributions to the fund by members of the Auxiliary to the AVMA, its member constituents, Marketplace of States sales and to prudent investments.

Applicants are eligible to apply for a maximum of \$5,000 as a third-year student and a maximum of \$5,000 as a first semester fourth-year student. All loans will carry a 3.0% interest rate, compounded annually, with a four (4) year repayment period beginning one year after graduation.

Please follow these steps, which detail the application process:

- **Read and fully understand the Criteria & Administration Policies for lending and your obligation for repayment.**
- **Send the following information to the Auxiliary to the AVMA**
 1. The application form
 2. The personal statement form
 3. A copy of your driver's license and Social Security card"
 -5 "Y[JV'YWtdmicZnci f'Wt!g][bYf'Xf'j Yf'j'VWbgY'UbX'GcWU'GYW f]hmiWUX'
 -fWt!g][bYf'WUb'gi Va]hk]h 'h Yf' dU[YL'
 4. Two completed Faculty Recommendations
 - NOTE: Faculty who give recommendations must be AVMA UWj Y'cf'UZZ'JUH'
 - a Ya VYfg".....
 5. Co-Signer authorization form! 'a i gh\ Uj Y'Ub'cf][]bU'g][bUhi fY (we requ]fY a
 - WYX]hW YW'cb'nci 'UbX'nci f'Wt!g][bYf'Zca 'Ub'Uddfcd]UH'WYX]hVi fYU' L'
 6. \$*) 'bcblfYZ bXUV'Y loan initiation fee (personal check or money order) to cover
 - h YWtghof the credit report for you and your co-signer

ALL paperwork must be returned to the Auxiliary to the AVMA together, except for the faculty recommendations, which may be returned separately, if desired. **Incomplete applications will not be considered.**

Students may submit their applications in accordance with one of the four following schedules per year of eligibility and are only eligible for one loan cycle annually.

Application Deadline Dates: **January 1 – April 1 – July 1 – October 1**

Please let us know if we can be of further assistance to you.

Sincerely,
 Auxiliary to the AVMA Student Loan Fund
 110 East Madison
 Iola, KS 66749
 620-365-7579 or
 304-743-9127
 E-mail: auxslf@citynet.net



STUDENT LOAN FUND CRITERIA & ADMINISTRATION POLICIES

The Auxiliary administers the revolving Student Loan Fund of the Auxiliary to the American Veterinary Medical Association from which loans may be made to worthy students in AVMA accredited colleges of veterinary medicine who are in need of financial assistance for the purpose of funding tuition, books and expenses directly related to their veterinary medical schooling. The following policies pertain to administration of the Auxiliary Student Loan Fund.

1. In considering applications for loans, third year students and first semester fourth-year students may be considered.

Loan Criteria: A **minimum credit score of +\$0** is required for applicant and co-signer for a student to be considered by the Auxiliary Student Loan Fund Committee for a loan. All information in your application (credit history for you and co-signer, faculty recommendations, future plans, etc) will be taken into consideration when making a loan determination.

2. A non-refundable \$65 loan initiation fee must be submitted with the completed application before processing will begin.

3. a) Applicants must be citizens of the United States.

b) Be a member in good standing of an active SAVMA chapter at an AVMA accredited Veterinary school in the U.S. or

c) Be a member in good standing of an active SAVMA chapter at one of these off-shore Veterinary schools: Ross University at St. Kitts, St. George's University at Grenada, St. Matthews University at Grand Cayman.

4. Two (2) faculty recommendations (must be written recommendations and not just a signed form) must be submitted from the school attended by the applicant.

*Both faculty members must be active or affiliate AVMA members.

5. Applicants are eligible to apply for a maximum of \$5,000 as a third-year student and a maximum of \$5,000 as a first semester fourth-year student. Separate application forms and credit checks are required for each loan. **Completed applications must be submitted in time to reach the Auxiliary to the AVMA office by the application deadline dates of January 1, April 1, July 1, or October 1**, of the year in which the student is eligible.

6. a) The loan shall be secured by a notarized promissory note* and venue agreement from the applicant and co-signer;

b) No interest will accumulate while student is still in school. *Loans will become payable immediately if student leaves school for any reason; then the original loan amount plus interest will be charged for the length of usage, plus an additional \$200 administration fee.

c) Loan repayment will begin one year after graduation at the current interest rate of 3.0% (compounded annually) with monthly payments of principle and interest. There is a four (4) year repayment schedule. Additional fees apply for delinquent accounts and NSF checks.

d) The applicant's spouse, significant other, fellow students and faculty member cannot co-signers.

e) A parent or other eligible individual, however, may serve as co-signer.

*This is a private loan fund and is not generally allowed for consolidation with other loans.

Application forms may be obtained from the Auxiliary office at 620-365-7579 or at: avmaaux.org.



STUDENT LOAN FUND APPLICATION

110 East Madison
Iola, KS 66749

PLEASE PRINT LEGIBLY:

Date: _____

Name: _____
Last First Middle

Current Mailing Address: _____
Street

_____ City State Zip

Permanent Address or Alternate Contact Address: _____
Street

_____ City State Zip

Current Phone Number: _____
(Area Code) Number

Alternate Phone Number: _____

E-Mail Address: _____

Name of United States Veterinary School/ College: _____

*Both schools required for 4th yr. Off-Shore School/ College: _____

Year In Vet School and Semester (3rd or 4th): _____

Social Security Number: _____
PLEASE ATTACH A LEGIBLE COPY OF YOUR SS CARD

Drivers License Info- State: _____ Number: _____
PLEASE ATTACH A LEGIBLE COPY OF YOUR LICENSE

D'YUgY'XYgWJVV'nci f 'YXi WUjcb!fYUH' b'YX'Z'f' h Y''cUb' (refer to first paragraph of administration policies.
Use extra sheet if needed

Signature of Applicant: _____

-----**Do not write below this line. For office use only**-----!!!!!!!!!!!!!!!!!!!!

APPLICATION APPROVED BY:
Auxiliary to the AVMA Official: _____
Title: _____ Date: _____

Auxiliary to the AVMA Official: _____
Title: _____ Date: _____



STUDENT LOAN FUND

FACULTY RECOMMENDATION

Must be AVMA Active or Affiliate Member

PLEASE TYPE or PRINT LEGIBLY:

Applicant's Name: _____

*Please make your recommendation based on length of time you have known the student and your personal knowledge of the student's financial needs, moral character, reliability, judgment and sense of responsibility. * **This part must be completed and not just signed.**

Type/Print Your Name Legibly: _____

Position: _____

Department: _____

College/School of Veterinary Medicine: _____

Your Signature: _____ AVMA ID# _____

Date: _____

For expediency in processing the applicant's request, please return this form as soon as possible to:

Auxiliary to the American Veterinary Medical Association
Student Loan Fund
110 East Madison
Iola, KS 66749



STUDENT LOAN FUND

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Your Signature: _____ AVMA ID# _____

Date: _____

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110 East Madison
Iola, KS 66749



STUDENT LOAN FUND

CO-SIGNER AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

110 East Madison
Iola, KS 66749

To be completed by your potential co-signer.

Name of Applicant: _____
Last First Middle

PLEASE TYPE OR PRINT LEGIBLY:

To Whom It May Concern:

I authorize you to release any information concerning my credit history, which is required by the Auxiliary to the AVMA Student Loan Fund, in connection with my acting as a co-signer on a Promissory Note for the student named above.

Co-signer Name: _____
Last First Middle

Relationship to Applicant: _____

Current Home Address: _____
Street
City State Zip

Years at Current Address: _____
*If less than 1 year – please give previous address

Previous Address: _____

Current Phone Number: _____
Area Code Number

Social Security Number: _____

Date of Birth: _____ Email: _____
Month/ Day/ Year

Driver's License Number: _____

Occupation: _____

Current Employer Name: _____

Employer Phone # _____ Years with Employer _____

Current Employer Address: _____
*If less than one year with current employer- Include previous employer

Previous Employer: _____

Previous Employer Address: _____

Co-signer Signature: _____

*Please sign in Blue Ink for legal purposes



APPLICATION CHECKLIST

*The following is a checklist with items that **MUST** be included when you mail your application. If items are missing, we will attempt to contact you to complete by the deadline date. Otherwise, your application will **NOT** be accepted for consideration.

Page 1 –Application page - Name, address, etc –

Page 2 – Personal Statement

Page 3 – Co-Signer Authorization – **MUST** be signed by co-signer
(They can copy down and send separately, if necessary)

Pages 4 & 5 – Faculty Recommendations – **MUST** be AVMA member and furnish AVMA ID# (Can be mailed separately by faculty personnel)

****Please contact us to confirm that we received recommendations, if mailed separately.**

Page 6 – Copy of Drivers License and Social Security Card (these **MUST** be legible/readable)

*****School Verification Form- must be filled out by school official*****

*****\$65 PERSONAL CHECK or MONEY ORDER (non-refundable)*****
Must be submitted before the application process can begin.

*****Please keep copies of all materials sent to us, as we are not responsible for lost or waylaid mail via the USPS.**

Any questions please contact us:

auxslf@citynet.net

304-743-9127

620-365-7579



AUXILIARY to the AVMA
STUDENT LOAN FUND

110 East Madison
Iola, KS 66749
304-743-9127
auxslf@citynet.net

VERIFICATION OF ENROLLMENT

This is to verify that the individual named below is currently enrolled and a student in good standing at this veterinary institution. *Must be verified by a school/college official.

STUDENT NAME: _____

YEAR & SEMESTER IN SCHOOL: _____

PROJECTED GRADUATION: _____

COLLEGE/SCHOOL OF VETERINARY MEDICINE

REPRESENTATIVE

DATE