

The Ella G. McKee Foundation Student Loan Application

To the Applicant:

- Incomplete applications will be disqualified.
- The properly completed application must be returned to The FNB Community Bank, Box 40, Vandalia, Illinois 62471. Attention: Trust Department.

Applicant's Authorization

If I qualify for a **student loan**, I agree to observe the regulations of the Foundation. I authorize the Foundation to obtain information about my grades and grade average from the College or Voc.-Tech. School.

Date Applicant's Signature

Applicant

Be certain that your Social Security number, name, permanent Illinois address, phone number and zip code are recorded correctly on this page.

Email Address (if available):

Social Security Number

Name

Last

first name

middle initial

Address

City

, Illinois

County

Zip Code

Phone Number

Parent's Affidavit

State of Illinois

County of _____ } ss

The undersigned, jointly and severally, being first duty sworn on oath, state (or sincerely affirm) that all items of information given in this Application are true, accurate and complete. We (I) hereby give and grant to the Foundation a power of attorney to obtain a copy of our (my) previous years Federal Income Tax Return and Illinois Income Tax Return to verify statement on income and assets contained in this Application. We (I) hereby authorize the Foundation to send requested data from this Application to the college.

Signatures and Social Security numbers of both parents (or guardian)

Number

Number

PART I — To Be Completed by Applicant

(Note: Be certain that Social Security Number, name, address and zip code are correctly recorded on Page 1).

1. Age Birth Date 2. Date of High School Graduation
- Month Year
3. I am a U.S. citizen Yes No
4. I have been a resident of Fayette County, Illinois for years
5. Unmarried Married Separated
6. I am a veteran of the U.S. Army, Navy, Marine Corps, Air Force or Coast Guard. Yes No

If Yes, indicate type of discharge and length of active service:

7. College attended last year None

Name Location

8. In the fall I plan to attend the following college or Voc.-Tech. School. You may change college choice later.

Name of college, university, Voc.-Tech. Location

9. I will be a college: Freshman Sophomore Junior Senior

Other: explain

10. My major field / vocational choice probably will be

PART II Family Confidential Financial Information

1. Check appropriate boxes to show status of applicant's parents:

	Living	Deceased	Are Applicant's parents:	Yes	No
Father			a) divorced		
Mother			b) legally separated		
Step-father			c) separated without court action		
Step-mother					

(If Yes, complete Supp. C, Page 11)

Father, Step-father, Court-appointed Guardian, Self

2a. Name

3a. Street Address, City, and State

4a. Telephone Number (give area code)

5a. Name and address of employer or firm (if unemployed, explain on Page 8)

6a. Nature of Business

7a. Position held

8a. Age

9a. Years with firm

Spouse

2b. Name

3b. Street Address, City, and State

4b. Telephone Number (give area code)

5b. Name and address of employer or firm

6b. Nature of Business

7b. Position held

8b. Age

9b. Years with firm

10. List below all children. Complete each section as shown for each child. Attach separate sheet for additional children.

a) Name	b) Age	c) Check if will be claimed as tax exemption		d) Give occupation, name of school, or other status, starting – September	Check Type of School		Grade Level	Tuition and Fees (Exclude Room and Board)
		Yes	No		Public	Private		
1. (Applicant)								\$
2.								\$
3.								\$
4.								\$

e) Give name and relationship of any dependent other than those listed in items 2a, 2b and 10 above, claimed as tax exemptions

Parents' Income and Expenses – (As an alternative to completing this section, you may furnish copies of your last two (2) year's Federal Tax Returns)

Complete columns 1 and 2 for last two Federal Tax Returns filed:



Reference Worksheet #1		Column #1 Current Year	Column #2 Previous Year
11. Wages, salaries, tips, etc.			
	Father	\$	\$
	Mother	\$	\$
12. Other taxable income			
	Father	\$	\$
	Mother	\$	\$
13. Total income		\$	\$
14. Total deductions		\$	\$
15. Total exemptions claimed			
16. Federal Income Tax		\$	\$
17. Adjusted Gross Income		\$	\$

18. Sources of non-taxable income and total annual amounts now being received from any of the following, including applicant's share:

Social Security	\$	Pension Plan	\$
Railroad Retirement	\$	Veterans Benefits	\$
Child Support	\$	Aid to Families with Dependent Children	
Worksheet #2 Totals	\$	AFDC / ADC	\$
Worksheet #3 Totals	\$		
Other	\$	Explain:	

Parents' Assets

19. Real Estate (complete both A and B)

A 	1. Home (check one) owned rented on farm (Supplement B.)				
	2. Amount paid monthly for mortgage or rent: \$				
	3. If owned:	Fire Insurance	a) Present resale value	b) Unpaid Mortgage	c) difference (a less b)
		\$	\$	\$	\$
B 	1. Real estate other than home:				
	Fire Insurance	a) Present resale value	b) Unpaid Mortgage	c) difference (a less b)	
	\$	\$	\$	\$	
	2. Describe briefly:				

20. Make and year of family auto(s):

- | | |
|-----------------------------------------------------------------------------|----|
| 21. Total in checking and savings accounts | \$ |
| 22. Total other investments | \$ |
| 23. Net Worth of Business or Farm
(transferred from Supplement A or B) | \$ |

Student's Own Assets (Items 24, 25, and 26)

19. Type	How obtained	Value
		\$
		\$
		\$
25. Monthly Social Security or Railroad Retirement benefits for which the applicant is eligible as full-time student		\$
26. Monthly Veteran's Administration benefits for which the applicant is eligible as full-time student		\$

Please review Application so no items are left blank.
Write "none" for any item that does not apply in your case.

Explanation of Special Circumstances

Supplement A – Business Owners and Self-employed Persons (non-farming)

1. Name of Business

2. a) Address

b) Is this your home address? Yes No

3. Nature of business

4. Date of organization

5. Number of employees

6. Type of organization (check one)

Corporations

Partnership

Individual Proprietorship

7. Balance Sheet Summary:

Current Assets	\$	Current Liabilities	\$
Fixed Assets	\$	Fixed Liabilities	\$
Total Assets	\$	Net Worth	\$
		Total Liabilities & Net Worth	\$

8. Profit & Loss Summary:

Gross Income	\$		
Operating expense	\$	Operating Expenses Detail:	
Cost of goods sold	\$	Rent, utilities	\$
Your salary	\$	Insurance	\$
Your draw. account	\$	Interest, Taxes	\$
Wife's salary	\$	Depreciation	\$
Other expenses	\$	Bad debts	\$
Total expenses	\$	Other expenses	\$
Net Profit	\$	Total Operating Expenses	\$

9. Your share of ownership is: 25% 50% 75% 100% other %

10. If item 9 is less than 100% or if there are special circumstances, check here and explain on Page 8.

Supplement B – Farm Owners, Operators and Tenants

1. Location of farm

(county)

owned leased

2. Acres, Tillable

Wasteland

Total

3. Type of Farm:
(check one)

Beef Cattle

Dairy

Hog

Grain

Other

4. Farm Operation: I am
(check one)

Owner Operator only

Owner and Tenant

Landlord only

Tenant only; as a Tenant I live
in the farm house rent-free

Yes No

5. Summary of Farm Operations:

Total Inventories	\$	Notes / Accounts Payable	\$
Farm Value (including home)	\$	Unpaid Expenses	\$
Equipment (net)	\$	Unpaid Mortgage	\$
Other Assets	\$	Other Liabilities	\$
Total Operating Expenses	\$	Assets minus Liabilities	\$
Farm Net Profit	\$		

6. Your share of ownership in the farm is:

(check one) 0% 25% 50% 75% 100% other %

7. If item 6 is less than 100% or if there are special circumstances, check here and explain on Page 8.

Supplement C – Divorce / Separation

(To be completed by parent or guardian who has filed this Application. If applicant qualifies as self-supporting student, his own divorce / separation information should be given on separate sheet.)

1. Applicant's natural parents are (check one):

divorced

legally separated

separated, no court action

2. Date of divorce or separation

3. Name of parent with whom applicant lives (or last lived)

(Note: In cases of separation with no court action, the financial arrangements must be explained on Page 8).

4. a. Amount of child support for each child:

\$ per week, month, year.

b. According to court order, when will support end?

5. Amount of alimony: \$ per week, month, year.

6. a. Is natural parent with whom applicant lives now married?

Yes No

b. If yes, does step-parent pay alimony or child support from a previous marriage?

Yes No

If yes, give total amount paid per year \$

7. List below first and last names and ages of all children living in the applicant's home.

8. If there are special circumstances, explain on Page 8. (If child support and / or alimony is not being received according to court order; include amounts which have been received, date of last payment, and describe what attempts have been made to collect money which is in arrears).

Supplement D – Married Applicant and Spouse

1. Date of marriage

2. Name of Spouse

3. Age of Spouse

4. Number of tax-dependent children

5. Status of spouse during academic year

a. In school: name of school

full-time

part-time

b. Employed: Employer's name

Position

Gross monthly earnings \$

full-time

part-time

c. Other

6. Assets of applicant and spouse: (To be completed by applicant whose parents or guardian have completed Part II)

Home (resale value less mortgage) \$

Other real estate (resale value less mortgage) \$

Total of savings / checking accounts \$

Other investments \$

7. If there are special circumstances, explain on separate sheet.

8. If there are special circumstances, explain on Page 8. (If child support and / or alimony is not being received according to court order; include amounts which have been received, date of last payment, and describe what attempts have been made to collect money which is in arrears).