



Federal Stafford Loan Program BORROWER INFORMATION

Four (4) references required. All four (4) must live at different addresses. Addresses must be complete! No abbreviations except for the state. Use black or blue ink only. Forms containing white-out or correction tape will not be accepted. Return this form to JALC Financial Aid Office.

STUDENT INFORMATION (PLEASE PRINT CLEARLY)			
Last Name	First Name	Middle Initial	Date of Birth
Driver's License Number	State	(Area Code) Telephone Number	
YOUR PERMANENT ADDRESS			
Street Address			
City	State	Zip Code	
YOUR EXPECTED EMPLOYER (If unknown, write unknown)			
Name of Employer			
Street Address			
City	State	Zip Code	
YOUR CLOSEST LIVING RELATIVE (Parent, Spouse, etc.) <i>All four (4) must live at different addresses.</i>			
Last Name	First Name	Middle Initial	Relationship
Street Address		(Area Code) Telephone Number	
City	State	Zip Code	
(3 required—If the individual is not related to you, they must be employed adults.) ADDITIONAL PERSONAL REFERENCES			
Name	Name	Name	
Street Address	Street Address	Street Address	
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code	
Telephone	Telephone	Telephone	
Employer	Employer	Employer	
Relationship	Relationship	Relationship	
YOUR SIGNATURE AND DATE			
I have read and I understand my rights and responsibilities as a borrower. I also understand that I must repay my loan according to the terms of the promissory note.			
Student's Signature _____		Date _____	
Social Security Number _____			