

**APPLICATION FOR LOAN
ILLINI CENTRAL STUDENT LOAN FUND**

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone No.: _____

Name of School To Attend: _____

Area of Study: _____

Year in School: _____

Year Graduated from High School _____

Please Read the Following Statement:

The money made available to graduates from Illini Central High School through the Student Loan Fund is a loan. As such, the committee expects the applicant to make repayment of the money borrowed as soon after leaving school as is feasible. The prompt repayment of this loan will assure future students of Illini Central the same privilege to take advantage of this fund. If repayment is not begun within two years after leaving school, a penalty will be assessed. There is a limit of \$500.00 per semester with the total amount granted not to exceed \$3000.00.

If you understand and agree with the statement above, please sign below:

Date: _____ Signature: _____

PLEASE RETURN THIS FORM WITH A COPY OF YOUR FALL SCHEDULE TO
THE HIGH SCHOOL OFFICE OR TO KRIS KLOBA,
KKLOBA@ILLINICENTRAL.ORG BY AUGUST 14, 2023.

Committee Use Only:

- ☐ **Approved:**
☐ **Disapproved:**