BAKER UNIVERSITY
1858

FEDERAL PERKINS LOAN APPLICATION

THIS APPLICATION MUST BE COMPLETED AND RETURNED TO THE OFFICE OF FINANCIAL AID BEFORE A PERKINS LOAN WILL BE DISBURSED

(PLEASE PRINT)

Student_____ Social Security No:_____
LAST FIRST MI

Date of Birth_____ Driver's License State & Number_____
(Required)

YOUR PERMANENT ADDRESS: (cannot be your Baker address)

_____
Address **City** **State** **Zip**

Cell Phone (_____)_____ Telephone Number(_____)_____

E-Mail address _____(Not Baker E-Mail)

THREE PERSONAL REFERENCES: (People who will know where you are five years from now)
TWO OF THE THREE MUST BE A DIFFERENT ADDRESS FROM YOUR PERMANENT ADDRESS.

Name_____
Relationship_____
Street_____
City_____
State_____Zip_____
Telephone Number(_____)_____

Name_____
Relationship_____
Street_____
City_____
State_____Zip_____
Telephone Number(_____)_____

Name _____
Relationship _____
Street_____
City_____
State _____Zip_____
Telephone(___)_____

Mail to: Office of Financial Aid
Baker University
P.O. Box 65
Baldwin City, KS 66006

I ACKNOWLEDGE RECEIPT OF A STATEMENT OF RIGHTS AND RESPONSIBILITIES.
I UNDERSTAND THAT I WILL NEED TO SIGN A PERKINS PROMISSORY NOTE.
I ATTEST THAT I HAVE READ AND UNDERSTAND THE RIGHTS, RESPONSIBILITIES AND OPTIONS AVAILABLE TO ME, AND THAT I WILL ADHERE TO THEM.

STUDENT_____ DATE_____
SIGNATURE