

# The H. Gladys Swope Educational Assistance Fund

**Student Center Foundation  
315 North Mills Street  
Madison, Wisconsin 53715**

## Student Loan Application

The **H. Gladys Swope Educational Assistance Fund (The Fund)**, administered by the Student Center Foundation, offers student loans to any active and earnest student of Christian Science attending or about to attend:

- Any public or private college located in Wisconsin
- Any state technical college located in Wisconsin.
- Principia College and other accredited colleges in the United States, provided that the student was a Wisconsin resident immediately prior to attending college.

Students may apply for one loan of up to \$6,000 per year, with a maximum of \$30,000 outstanding. Loans are issued with an interest rate one half of the prevailing rate at the time the loan is granted. Interest starts to accrue 6 months after graduation or the student discontinues their education. Monthly loan repayment must start within 6 months of graduation or leaving school. Full repayment is required within 6 years.

As an active Wisconsin based Christian Scientist and student meeting the criteria described above, I hereby apply for an education loan in the amount of \$\_\_\_\_\_ based on expenses to be incurred during the academic year beginning \_\_\_\_\_ and ending \_\_\_\_\_. Loan approval is granted on the basis of the information provided below, applicants' personal essay including the use of Christian Science, and letters of reference.

Name	
Birth Date	Driver's license state & #
Marital Status	Full name of spouse
Permanent Address	
Permanent Phone	
School Address	
School Phone	Cell Phone
Permanent Email	School Email
Parent Information:	Parent Information:
Name:	Name:
Address:	Address:
Phone	Phone
Email	Email
Provide name, email, telephone number, and Wi residency information/documentation of the person most likely to know continuously of your current addresses.	

## STUDENT FINANCIAL STATEMENT

Have you received a loan from Swope in the past? Date(s) \_\_\_\_\_ Amount Owed \_\_\_\_\_

Who will provide the majority of your financial support for the academic year of this application? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (explain)
If you are financially dependent on someone, what is your household's total income? <input type="checkbox"/> Less than \$30,000 <input type="checkbox"/> \$30,000 to \$50,000 <input type="checkbox"/> \$50,000 to \$80,000 <input type="checkbox"/> Over \$80,000
What family members, other than yourself and your parents, are also dependent on this income?
If you are financially dependent on your spouse, what is his/her total annual income?
Is there anyone financially dependent on you? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain.
Please explain briefly any special family circumstances that might have a bearing on the approval of a loan.

<b>RESOURCES</b>		<b>EXPENSES</b>	
<b>For academic year of this loan application</b>		<b>For academic year of this loan application</b>	
Assistance from parents, family members, and friends	\$	Tuition and fees	\$
Scholarships, fellowships, grants Name:	\$	Housing	\$
Name:	\$	Food	\$
Employment Part-Time      Full-Time	\$	Books and Supplies	\$
Other loans Name:	\$	Transportation	\$
Name:	\$	Personal	\$
Savings	\$	Other	\$
<b>TOTAL RESOURCES</b>	\$	<b>TOTAL EXPENSES</b>	\$

Date Swope funds are needed	Total amount of student loans
List all other outstanding debts & amounts such as car, personal loans, etc.:	
Lender Name/Type of Loan	Amount Outstanding
	\$
	\$
Describe other efforts to obtain financial aid.	

**ACADEMICS**  
**ENTERING FRESHMAN**

High school last attended	Graduation Date
Which school will you attend in the coming year?	Enrollment Date
What degree/certificate will you pursue?	Expected Graduation Date

**CONTINUING UNDERGRADUATE**

Name(s) of institutions you have attended since your high school graduation			
Which school will you attend in the coming year?		Enrollment Date	
Standing at start of coming school year			
<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
What degree/certificate do you expect to earn?		Expected Graduation Date	
Credit hours required for your degree	Credit hours earned	Cumulative GPA	

**GRADUATE**

Degree(s) you have earned	Date(s) Earned
Institution(s)	Enrollment Date
Which school will you attend in the coming year?	What is your area of study?
What degree do you expect to earn?	Expected Graduation Date

**CHURCH ACTIVITIES**

Are you a member of The Mother Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of admission
<input type="checkbox"/> I currently attend Sunday School. <input type="checkbox"/> I graduated from Sunday School on:	
Is there a Christian Science Organization (CSO) on your campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you an active CSO member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how have you participated?	
Where is the nearest Branch Church to your academic community?	
If you graduated from Sunday School, do you attend church regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a parent a member of a Branch Church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which branch?	
Mother	Father

**REQUIRED ATTACHMENTS**

1. At least two letters of reference with contact information from persons who are not in the applicant's immediate family. Letters should include information on applicant's Christian Science experiences.
2. An essay about yourself, indicating why you are enrolling in post-secondary education, what you hope to accomplish, your goals for the future how you personally use Christian Science and anything else you think would be of importance. Length of the essay should be no more than two, double-spaced pages.
3. Copy of latest scholastic transcripts from high school or college.
4. Copy of income tax return (i.e., page one of IRS Form 1040) for the applicant.

VERIFICATION: I certify that all the information provided herein is true and complete.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 May 2015