

Rotary Education Fund of Taunton, Inc.  
P.O. Box 344  
Taunton, MA 02780

Purpose: The Rotary Education Fund of Taunton, Inc. is a fund established to help those worthy and needy students who have completed their secondary schooling and who may need assistance with their college education. The fund was started by the Taunton Rotary Club in the early 1940's and was originally known as the Student Loan Fund of the Taunton Rotary Club. In 1952 the fund was incorporated as a charitable corporation under the laws of Massachusetts, was granted a charter and became the Rotary Education of Taunton, Inc.

Eligibility: Any student residing in the Taunton area who has completed their second year of higher education and who may need financial assistance to continue their education may apply for a loan. The Taunton area has been interpreted to be Taunton and its immediate suburbs or the area where members of the Taunton Rotary Club live.

Procedure:

1. A student will complete the Application Form.
2. The application will be reviewed by the Loan Committee, and if possible the applicant interviewed.
3. The student will be notified of all decisions.
4. If approved, the student will be required to sign a note payable to the Rotary Education Fund of Taunton, Inc., payable six (6) months after the projected date of graduation from the institution enrolled at the time of the loan.
5. A responsible relative will be asked to co-sign this note (i.e. father, mother, husband, wife.)
6. If not paid in full at due date (six months after graduation) the student may request a renewal note providing for a regular monthly repayment schedule of not over three (3) years.
7. The loan will be made with no interest added.
8. THE SUBMISSION DEADLINE FOR LOAN APPLICATION IS JULY 15 OF EACH YEAR.

Revised 6/11/01

APPLICATION

TO: THE ROTARY EDUCATION FUND OF TAUNTON, INC. I, \_\_\_\_\_  
apply for a loan in the amount of \$ \_\_\_\_\_ to pay my expenses of attending  
\_\_\_\_\_ during the academic year 20\_\_ to 20\_\_

APPLICANT INFORMATION

Applicant's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Dependents \_\_\_\_\_

Present Residence \_\_\_\_\_  
Street City/Town State Zip

Permanent Residence \_\_\_\_\_  
Street City/Town State Zip

Years at Permanent Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Referred by Rotarian: \_\_\_\_\_

Other: \_\_\_\_\_

Name of School You Are Enrolled \_\_\_\_\_

Address \_\_\_\_\_ (include certified transcript)

Grade Now Enrolled: Graduate \_\_\_\_\_, Undergraduate \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

Estimated Yearly Cost of School:

Tuition and Fees \_\_\_\_\_ \* Attach copy of tuition bill

Room \_\_\_\_\_

Meal Plan (Board) \_\_\_\_\_

Travel Expense \_\_\_\_\_

Personal Expense \_\_\_\_\_

Total Estimated Costs \_\_\_\_\_

Total Resources Available This Year to Applicant for Loan:

- 1. Summer Employment \_\_\_\_\_
- 2. Savings \_\_\_\_\_
- 3. Scholarships \_\_\_\_\_
- 4. Parents or Guardians \_\_\_\_\_
- 5. Work While in School \_\_\_\_\_
- 6. Other \_\_\_\_\_

Total Resources Available \_\_\_\_\_

APPLICANT CREDIT INFORMATION

Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_

If Applicable, name of person and relationship from whom Applicant derives principal support: \_\_\_\_\_

# of Brothers & Sisters \_\_\_\_\_ Ages of \_\_\_\_\_

Anyone Dependant On You for Support \_\_\_\_\_ If so, explain \_\_\_\_\_

Do you own an automobile \_\_\_\_\_ If so, make & year \_\_\_\_\_

Schedule of Indebtedness:

Whom Indebted To	Address	Date	Amount	Balance	Payment

**References: (Name, address and telephone # of two adults)**

1. \_\_\_\_\_
2. \_\_\_\_\_

I certify that the information given herein, which you are authorized to verify, is true and correct. This application shall remain the property of the Rotary Education Fund of Taunton, Inc.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

I have read and approve this application and agree to co sign this note and assume responsibility in the event of non-payment.

Date \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_

Please type or print Co- Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Revised 6/11/01

53Appli.394