SLM Financial Corporation

a Salle Mae company

Loan Application

Fax Applications to: 1-317-806-4871 Call With Questions: 1-888-272-5543 Mail Applications To: SLM Financial Corporation PO Box 470 Marlton, NJ 08053-0470





Instructions: If all information is not completed in full, the processing of your application must be completely filled out and certified by the school official. By submitting this application, you authorize SLM Financial to check your credit history whether or not your application is signed.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A STUDENT LOAN: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a loan. What this means for you: When you apply for a student loan, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents

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Section A: Borrower Section: Please complete all information in this section. Must be a U.S. Citizen or Permanent Resident Alien											
Loan Amount Requested:					Repayment Term (years):			Interest Only Payments? (In School Only)			
Last	First	First MI Jr./			Social Security Number		Yes No # Months Drivers License Number				
Full Name:	1 1131	THE JI			·						
Street Address		Apt #/Rural Route			Date of Birth (month/day/year)		Please Select One:				
City	State Zip Co	tate Zip Code How Long at Current Add			Own Rent Live with Parents		U.S. Citizen P Home Phone	Permanent Resident Alien Other			
City	Suite Zip Co	Years			rent	Live with Literies	()				
Mailing Address if different from Str	2	Landlord / Mortgage Holder Name &				Email Address					
Monthly Mortgage / Rent Amount A		Approximate Balance (Me	pproximate Balance (Mortgage only)			ate Home Valu	e (If you own)	Work Phone			
\$ \$		\$ Position / Title	Position / Title How Long			Otherstern		()	Let. W. J. and L. and L		
Employer Name F		Position / Title	Position/ Title		Other Income Months \$		me <u>Source</u> :	Note: You do not have to reveal alimony, child support or maintenance income unless you wish it to be considered as a basis for loan repayment.			
Employer Address		State	State Zip Code Gros				mployment Information:				
			\$		Employer:				How Long: years months		
Reference Name (Do not use co-borrower.) Refere		Reference's Permanent Addre	rence's Permanent Address:			Reference's Home		none	Relationship		
Reference Name (Do not use co-borrower.)		Reference's Permanent Addre	Perence's Permanent Address:			Refe		none	Relationship		
Section D. Co. Down-		Dlan 1	Please complete all information is discussed in			isinda Mastha a U.S. Cita		lont Alion			
Section B: Co – Borrower Section Please complete all information in this section if applying jointly. Must be a U.S. Citizen or Permanent Resident Alien. Relationship to Borrower: Last First MI Jr./Sr. Social Security Number Drivers License Number								Drivers License Number			
							•				
Street Address			Apt #/ Rural Route			Date of Birth (month/day/year)		Please Select One:	O. C.		
City St		State Zip Co	State Zip Code How Long at Current A					U.S. Citizen P Home Phone	Permanent Resident Alien Other		
			Years					()			
Mailing Address if different from Str			ears Months age Holder Name & Pho	one#		Email Address	,				
Monthly Mortgage / Rent Amount Ap		Approximate Balance (Me	pproximate Balance (Mortgage only)			Approximate Home Value (If you own)					
\$ Employer Name		\$ Position / Title	\$ Desired (Title			S Other Income Source:			lote: You do not have to reveal alimony, child		
Employer Name		rosidon/ ride	How Long Years	Months \$			su	support or maintenance income unless you wish it to be considered as a basis for loan repayment.			
Employer Address		State				ry Previous Employment Information:					
			s			Employer:			How Long: years months		
Section C: Student Section: Relationship to Borrower: Last		Please complet	Please complete all information. First			MI Jr./Sr. Social Security Numb			Date of Birth (month/day/year)		
resaucionip to Bottower.	ISIMP to DOUTOWCE. LEST PIEST				51.7 51. Social Security Number				Date of Diffi (mondivday/year)		
Section D: School Section:		To be complete	impleted by an authorized school official.								
School Code – Branch Code	School Name						Tuition Amount \$				
605938		61 1	The Coaches T				e				
School Phone Number (415) 451-6000		School Address	School Address 1879 Second Street				CA	Authorized First Disbursement Date (Month/Day/Year)			
First Disbursement		Second Disbursem	Second Disbursement			Third Disbursement			Class Dates - Start/End (Month/Day/Year)		
Date Amount \$		Date	Date Amount \$			Date Amount \$			Start End		
Fourth Disbursement			Fifth Disbursement			Sixth Disbursement			Anticipated Graduation Date(Month/Day/Year)		
Date Amount \$		Date				Date Amount \$					
I hereby certify that the student in Section C is accepted for enrollment, or is enrolled, and in good standing. I further certify that the School will provide the loan holder or servicer subsequent information regarding the student's whereabouts, if requested by the loan holder or servicer. I further certify that the institution will comply with all applicable policies and provisions, and that the information provided in Sections A, B and C, is true, complete and correct to the best of my knowledge and belief, and that all											
funds over and above the Tuition Amount represent qualified education expenses, and the Loan Amount Requested in Section A does not exceed the Cost of Attendance determined in accordance with the federal Higher Education Act. School Certification: I have read and agree with above paragraph.											
Signature of authorized school official:					Print or type name and title:						
Date											
This application will be subr	nitted to SLM	I Financial Corporation	on ("SLM") for	approval. I/we au	thorize SLI	M to use cr	edit information p	reviously obtained	d in connection with another loan in		
connection with this applicat	tion. I/we auth	norize and instruct any	person or cons	sumer reporting ag	gency to fur	rnish to SL	M any information	n that it may have	or obtain in response to such credit		
									forth in this application is declared to		
be a true representation as to the facts, made for the purposes of obtaining the loan requested, and any willful misrepresentation in this application may result in criminal action. As a condition obtaining this loan, I/we authorize and consent to the lender, any other lender for loans that may be offered to me in the future, any subsequent holder of the loans, any school or any of their											

agents to share and release information pertinent to this application or loan. In addition, SLM and its affiliates may share credit and other information about you with each other for marketing

Co-Borrower's Signature

Borrower's Signature

and administrative purposes. (Please review the Sallie Mae privacy policy for information concerning your rights to limit the sharing of this information.)

SLM Financial Corporation a Sallie Mae Company

Presents the

Career Training Loan

Easy to Apply
Affordable Payments
Fast Approval Process
Interest Rates Tied to Prime

Please Follow the Instructions Below

Instructions For Completing the Loan Application (see reverse):

The loan application should be completed by typing or printing in black ink. If corrections are necessary, cross out the incorrect information, and type or write the correct information. Please initial all corrections. Do not use correction fluid.

BORROWER:

• Complete the Borrower sections on the application (Sections A and C). Application must be completely filled out to process including Gross Annual Salary.

CO-BORROWER (if applicable):

 Complete the Co-Borrower section on the application (Section B). Application must be completely filled out to process including Gross Annual Salary.

Borrower and Co-borrower (if applicable) must provide a signature at the bottom of the application.

Once the application is completed and signed, please submit to your Financial Aid Officer for certification.

SCHOOL:

- 1. Complete the School Section of the application (Section D).
- 2. Certify Application Sign & Print Name by Authorized School Official Only
- 3. Fax the application to 1-317-806-4871

Fax the application to 1-317-806-4871 or Mail the application to:

SLM Financial Corporation P.O. Box 470 Marlton, NJ 08053-0470



For Assistance Call Toll-Free: 1-888-272-5543