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:			te all information in	this section. Must be a							
Loan Amount Requested:					Repayment Term (years):		Interest Only Payments? (In School Only)				
									# Months		
Last Full Name:		First		MI Jr./Sr.		Social Securit	y Number	Drivers License Nun	nber		
Street Address			Apt #/Rural Route		Da	te of Birth (m	onth/day/year)	Please Select One:			
								U.S. Citizen P	Permanent Resident Alien Other		
City		State Zip Co	de How Lor	g at Current Address	Own	Rent	Live with Parents	Home Phone			
			Ye	ears Months				()			
Mailing Address if different from Str	eet Address above			age Holder Name & Pho	one#		Email Address				
Monthly Mortgage / Rent Amount		Approximate Balance (Me	ortgage only)		Approxima	ate Home Value	e (If you own)	Work Phone			
\$		\$			\$			()			
Employer Name		Position / Title		How Long	Months	Other Incom	ne <u>Source</u> :	su	lote: You do not have to reveal alimony, child apport or maintenance income unless you wish		
Employer Address		State	Zip Code	Years Gross Annual Salary	Months	Previous Er	nployment Information:	пп	to be considered as a basis for loan repayment.		
• •			•	s					Hard and a second and a		
Reference Name (Do not use co-born	rower.) R	eference's Permanent Addre	SS:	\$		Employer:	Reference's Home Pho	one	How Long: years months Relationship		
Reference Name (Do not use co-bon	rower.) R	eference's Permanent Addre	ss:				Reference's Home Pho	one	Relationship		
Section B: Co - Borrower Section	l.	Please complet	e all information in	this section if applying	jointly. Must	be a U.S. Citiz	en or Permanent Reside	ent Alien.			
Relationship to Borrower:	Last		First		MI	Jr. / Sr.	Social Security Number	er	Drivers License Number		
Street Address			Apt #/Rural Route		Da	te of Birth (m	onth/day/year)	Please Select One:			
								U.S. Citizen P	Permanent Resident Alien Other		
City		State Zip Co	de How Lor	ng at Current Address	Own	Rent	Live with Parents	Home Phone			
Mailing Address if different from Str	eet Address above			ears Months age Holder Name & Pho	one#		Email Address	()			
17 Raining 7 Redress it different from our	eet 7 kdaress above		Landioid / World	age Fronter France & Fra	же п		Lindi / Kaliess				
Monthly Mortgage / Rent Amount		Approximate Balance (Me	ortgage only)		Approxima	ate Home Value	e (If you own)	Work Phone			
\$		\$			\$			()			
Employer Name		Position / Title		How Long Years	Months	Other Incom	ne <u>Source</u> :	su	Tote: You do not have to reveal alimony, child apport or maintenance income unless you wish to be considered as a basis for loan repayment.		
Employer Address		State	Zip Code	Gross Annual Salary		Previous Er	nployment Information:				
				\$		Employer:			How Long: years months		
Section C: Student Section:		Please complet	e all information.								
Relationship to Borrower:	Last		First		MI	Jr. / Sr.	Social Security Number	er	Date of Birth (month/day/year)		
Section D: School Section:		To be complete	ed by an authorized	school official.							
School Code – Branch Code		School Name						Tuition Ar	mount		
605938	}		The	Coaches Tr	aining	<u>Institut</u>	e	\$			
School Phone Number		School Address	a: . a		a • =	20. 6	D 6 1 G1	Authorized	d First Disbursement Date (Month/Day/Year)		
(415) 451-6	5000			nter Drive,	Suite 50	00 San	Rafael, CA				
First Disbursement	Second Disbursem	Second Disbursement			ursement		Class Date	es - Start/End (Month/Day/Year)			
Date Amount \$		Date	· ·			Date		Start	End		
Fourth Disbursement		Fifth Disbursemen	Fifth Disbursement			Sixth Disbursement		Anticipate	d Graduation Date(Month/Day/Year)		
Date Amount \$		Date				Date Amount \$					
the loan holder or servicer. I further of	certify that the instit	tution will comply with all ap	plicable policies and	provisions, and that the	information pr	ovided in Section	ons A, B and C, is true, co	omplete and correct to the	ding the student's whereabouts, if requested by the best of my knowledge and belief, and that all eral Higher Education Act.		
funds over and above the Tuition Amount represent qualified education expenses, and the Loan Amount Requested in Section School Certification: I have read and agree with above paragraph.						·					
Signature of authorized school official:			Print o	Print or type name and title:							
Date											
connection with this applicati	ion. I/we auth	orize and instruct any	person or cons	sumer reporting a	gency to fu	rnish to SL	M any information	that it may have	d in connection with another loan in or obtain in response to such credit		

connection with this application. I/we authorize and instruct any person or consumer reporting agency to furnish to SLM any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain SLM's property, whether or not a loan is approved. All information set 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 to 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 and administrative purposes. (Please review the Sallie Mae privacy policy for information concerning your rights to limit the sharing of this information.)

Borrower's Signature	Date	Co- Borrower's Signature	Date

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