

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Students Email: \_\_\_\_\_

# **APPLICATION FOR INTEREST-FREE STUDENT LOAN**

## **THE DODD AND DOROTHY L. BRYAN FOUNDATION**

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P. O. Box 6287

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**DUE NO LATER THAN JUNE 15, 2017  
for Priority Funding**

**PERSONAL INFORMATION:**

Name in full \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Present Address \_\_\_\_\_  
(Street Number & Street) (City) (State)

Cell Phone \_\_\_\_\_ Telephone \_\_\_\_\_

Parents Email: \_\_\_\_\_

Parents Address \_\_\_\_\_

Parents Telephone \_\_\_\_\_

What County are you a Resident of? \_\_\_\_\_

How Long have you been a Resident of this County? \_\_\_\_\_

**WORK EXPERIENCE OF APPLICANT:**

<u>Job Held</u>	<u>Dates</u>	<u>Name and Address of Employer</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERENCES:** Five people who know you well and will allow you to use their names.

<u>Name Phone</u>	<u>Town &amp; Street Address</u>	<u>Contact Email or</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*This information is confidential for the use of the Dodd & Dorothy L. Bryan Foundation to determine loan eligibility.*

**Please provide a copy of the most recent IRS Form 1040 for the applicant and parent(s) or Co-signer(s). See note below if your parents are not married. (Please submit only the first two pages of the 1040 or 1040EZ and please make sure the copy is signed).**

If your parents are not married, and do not live together, please provide information for the parent whom you live with the most. If you live with them equally, please provide the information for the parent that will co-sign the loans with you. If your parent is remarried, please provide information regarding their spouse.

1. Name of Father

or Guardian \_\_\_\_\_ Age \_\_\_\_\_

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

Position held by Father \_\_\_\_\_ For how long? \_\_\_\_\_

2. Name of Mother

or Guardian \_\_\_\_\_ Age \_\_\_\_\_

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

Position held by Mother \_\_\_\_\_ For How Long? \_\_\_\_\_

3. Please list all children currently living in the household, Applicant first.

<u>Name</u>	<u>Age</u>	<u>Grade Level</u>	<u>Name of Present School or Occupation</u>	<u>Dependent for Taxes</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

**Please provide an official transcript from the High School and College(s) last attended that show your cumulative GPA.**

**SCHOOL RECORD:**

1. High school(s) attended \_\_\_\_\_

2. School last attended \_\_\_\_\_

3. List your school activities  
\_\_\_\_\_

4. Did you receive any honors?  
\_\_\_\_\_

**Please provide proof of enrollment or acceptance letter or schedule.**

**EDUCATIONAL PLANS:**

Where do you plan to attend school? \_\_\_\_\_

For what profession, trade or business will you be studying? \_\_\_\_\_

How many years do you anticipate being in college before attaining your educational goal?  
\_\_\_\_\_

If you take a vocational course how long will you be in training? \_\_\_\_\_

For how many years do you anticipate needing financial assistance? \_\_\_\_\_

Will your parents or a co-signer sign a note with you?  
\_\_\_\_\_

Have you made application for financial assistance other than the Dodd and Dorothy L. Bryan Foundation? \_\_\_\_\_ To Whom? \_\_\_\_\_ Amount granted \_\_\_\_\_

Has any member of your family ever applied for a loan from the Dodd and Dorothy L. Bryan Foundation? \_\_\_\_\_

## **BINDING RULES FOR AN INTEREST FREE ACADEMIC LOAN:**

\$5,000.00 Maximum per Year. Deadline – June 15th for Initial Year Application. (Renewals are awarded automatically upon receiving Renewal Application and proof of 2.25 cumulative GPA and full-time registration, generally 12 credit hours.)

\$1,000.00 for Summer School for Existing Students. – See Renewal Application.

1. Must have been a resident of Sheridan, Campbell or Johnson County, Wyoming; Powder River, Rosebud or Big Horn County, Montana for at least one year prior to the date the application is filed.
2. For academic loans, the applicant must be under the age of 25 at the time the application is filed at the office of the Bryan Foundation. Under special circumstances, the Board of Directors may make an exception.

For vocational loans, there is no age limit except that, if the applicant is over 30 years of age at the time the application is filed at the office of the Foundation, approval will require an affirmative vote of four directors.

3. Must submit the formal application provided by the Bryan Foundation.
4. Must submit full high school transcript or most recent college transcript (college transcripts for applicants who attended college full-time previous to application).
5. Must have GPA of 2.50 cumulative in high school and 2.25 cumulative in college. The GPA of 2.25 must be maintained in college while enrolled with full-time status at the attending college. Generally, this is 12 credit hours.
6. A need for assistance, applicant and parents or guardian, must have completed and signed the application form and submitted a copy of their most recent Federal Tax Return Form 1040 (page 1 and 2). As a general guideline, the Board allows \$35,000 of Adjusted Gross Income (AGI) per member in the household.
7. Both parents must co-sign your notes unless applicant is living with one parent, then that parent must sign. If applicant is married, spouse must also sign the notes, and also have a Co-Signer.
8. Must arrange with the college office to have a copy of your grades sent to the office of the Dodd and Dorothy L. Bryan Foundation at the end of each reporting period until graduation even though you may not borrow for every semester or quarter. The address is P O Box 6287, Sheridan, WY 82801.

9. Must keep the Foundation informed of your current address at all times and also that of your parents if there is a change.

10. Repayment is based on a monthly schedule, beginning six months after leaving school or graduation. The amount of the monthly payment is a minimum of \$100.00 on the first \$5,000.00 borrowed and \$15.00 per thousand after that. The repayment formula is based on your total amount owing when leaving school or graduation. Full repayment should be made as soon as possible so that others in need may use the money.

11. Deadline for applications is June 15th. Applications are voted on at our June meeting this is the last Monday of the month. Applications are accepted after this date, but are dependent upon funding availability.

12. The loan shall be an honor loan without interest, except if it goes into default.

13. Money borrowed from the Dodd and Dorothy L. Bryan Foundation for a particular purpose shall become due in full at once if used for any other purpose.

**FORMAL REQUEST:**

I hereby apply for an interest-free student loan from the Dodd and Dorothy L. Bryan Foundation in the amount of \$ \_\_\_\_\_ per year, for \_\_\_\_\_ years. I understand that my automatic renewal of this loan, on an annual basis, is contingent on maintaining a GPA of least 2.25 and enrolling in an accredited college for at least twelve (12) credit hours or full-time status at the attending college or maintaining my enrollment in trade school.

If this application for loan is granted, I agree to abide by the rules and regulations stated above and I pledge myself to fulfill all of the requirements placed upon me.

Notice to Parent(s)/Co-Signer(s): You may have to pay the full amount of the debt if the student borrower defaults on this student loan. In that event, you will be liable for the interest, attorney fees and collections costs as provided in the promissory note. The Foundation is entitled to collect the amount due under the promissory note from you without first attempting to collect from the student borrower.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant in full

\_\_\_\_\_  
Signature of Parent or Co-Signer

\_\_\_\_\_  
Signature of Parent or Co-Signer

