CANTON STUDENT LOAN FUND

Canton, South Dakota

Submit to High School

APPLICATION FORM

(Application must be filled out **completely** – both pages)

Name of Applicant _____ Date _____

(Please include maiden name if married)

Permanent Mailing Address _____ Phone (____)_____

DOB _____ _____ SS # _____

Date of Canton High School Graduation _____ School You Will Attend _____

Course of Study _____ Degree _____ Anticipated Completion Date _____

Future Plans after Completion _____

School Term Begins _____ Ends _____ Estimated Total Cost of School This Year $_____

Other Financial Assistance from Parents $ _____ Other (please list) _____

Do you plan to work during the school year? ☐ Yes ☐ No If yes, please describe _____

Parent/Guardian/Spouse _____ Phone (____)_____

Mailing Address _____ City/State/Zip _____

TWO CHARACTER REFERENCES (May not be relatives)

Name _____ Name _____

Address _____ Address _____

_____ _____

Phone (_____)_____ Phone (_____)_____

Amount Requested $_____ Unpaid Loan Balance to Date $_____

Applicant Signature _____ Guarantor (Co-Signer) _____

Approved: Yes ☐ No ☐ $_____ President _____

Board _____ Board _____

AUTHORIZATION TO RELEASE INFORMATION

As a condition of my participation in the Canton Student Loan Fund program, I authorize the release of information regarding my attendance and standing at any post-high school educational institution.

This authorization is extended to the following:

1. The Superintendent of the Canton School District acting as Program Administrator.

2. Farmers State Bank of Canton or other Program Lending Institution acting as Program Servicer.

The nature of the information to be released is any and all deemed necessary by either party above to ascertain my continued eligibility to receive benefits from the Canton Student Loan Fund.

Photocopies of this document may be relied upon as evidence of my authorization to release information to either of the parties named above.

Signature _____ **Date** _____