

STUDENT EDUCATION LOAN FUND of LIVERMORE (SELF) LOAN APPLICATION INSTRUCTIONS

Completing and Sending the PDF Form

The application form has been set up so you can complete the form in Acrobat Reader. Please save the completed form using a unique name such as: {yournameapp}.pdf and send the saved file to SELF using the "Email to SELF" button on the saved form. You **must save** the form before sending it to us or it will be blank.

The document can be sent as attachment to an email using either your desktop software or webmail. You will be asked to choose.

Desktop software: The software will create an email with the attachment, ready for you to send. You should review this email prior to sending.

Webmail: You must save the file then open your webmail and **manually create** an email with the attachment. Please use email address: lnlgalles@wecare.net

Please make sure you have the version of Acrobat Reader that allows you to use these functions.

Applications must be email-dated or postmarked no later than July 1.

**ELIGIBILITY: THE APPLICANT MUST BE A RESIDENT OF LIVERMORE, CA OR
A GRADUATE OF A LIVERMORE (CA) HIGH SCHOOL**

Application Check List

The first four items below can be submitted either by emailing them to: hnlgalles@wecare.net
or by ordinary mail to:

Linda Nidever-Galles, SELF
The Student Education Loan Fund of Livermore
3640 Jerrold Road
Livermore, CA 94550

Available or mailable items:

Download this Application from www.selfloans.org follow these instructions, and complete the forms on your computer. You may need download Adobe Acrobat Reader for free to work with this form on your computer. The form should expand to provide as much space that you need for each answer. Identify your co-responsible cosigner providing their relation to you, and their mailing address, telephone numbers, and email address. Persons accepting loans must have a co-responsible cosigner over the age of 25 who can accept responsibility for the loan if the applicant fails to do so.

Two (2) letters or emails of reference from someone **other than family or relatives**

Write a statement of 150 words or less indicating any special circumstances to be considered by the application committee.

Tell us how you heard about SELF

Mailable only:

Provide by mail official transcripts from your high school and the last school that you attended or are attending. Contact the school and have them send the transcript directly to;

Linda Nidever-Galles, SELF
The Student Education Loan Fund of Livermore
3640 Jerrold Road
Livermore, CA 94550.

All information submitted will be kept strictly confidential.

Deadline:

Applications must be email-dated or postmarked no later than July 1. However, applications at other times of the year may be considered under special circumstances; contact Linda Nidever-Galles at 925-443-4943 or email hnlgalles@wecare.net

Loan Awards:

Loan checks will normally be conveyed in August after review of the applications and signing of the loan contract by the student and the cosigner

Annual Loan Reconfirmation Statement

Following the Application Form, you will find the annual Loan Reconfirmation Statement form. Submit this each April, NOT NOW. Do so by email to: roger.everett@sbcglobal.net

or mail to;

SELF:

Student Education Loan Fund of Livermore

P. O. Box 2475

Livermore, CA 94550

NOTICE: Please fill out and return this statement in April even if no payment is due. May be completed by co-signer/parent.

LOAN RECONFIRMATION STATEMENT
STUDENT EDUCATION LOAN FUND
P. O. Box 2475
Livermore, CA 94550



Date _____

Student Name _____

Date of First Loan _____

_____ Total Loan - Amount Repaid = Balance Due

Student Name _____ Parent/Cosigner Name _____

Address _____ Address _____

City _____ City _____

Phone _____ Phone _____

Email _____ Email _____

School _____ School Status _____

Expected or Actual Date to complete Education Program _____

My loan information is still correct and I reconfirm my contractual obligations: ___Yes ___No

Comments: _____

Signature: _____ Date: _____

We would appreciate you or your cosigner confirming the above loan information, also please provide the contact information requested and return this form.

Please note that the loan contract which you signed stipulates that 25% of your loan balance is due by the 13th month after you complete or terminate your post high school education. Successive 25% repayments are required during each of the following 3 years. If you complete the repayments on schedule there is no interest due on the loan. Payments which are delinquent will be assessed interest at the rate specified in your loan contract (3 or 6%) per annum. If for any reason the required payments are not made on schedule, the entire loan balance plus interest becomes due and payable 4 years from the due date of the first payment. **You have agreed to report on an annual basis the information requested above. Please note our mailing address at the top of this form.**

If you have any questions about your loan please contact:

Carol Lokke (925) 447-5437(H)
Roger Everett (925) 443-5565(H)
Linda Nidever-Galles (925) 443-4943(H)
Margaret Miller (925) 447-6980(H)

clokke@gmail.com
roger.everett@sbcglobal.net
hnlgalles@aol.com
mmiller1435@gmail.com

For payment questions
Student Contact
For loan applications
Contract Manager