

# 2019-20 STUDENT LOAN APPLICATION

## INITIAL LOAN

**LOAN INFORMATION:** For graduates of Lincoln High School, the maximum educational loan is \$2,000.00 per school year with the possibility of additional loans upon application to a maximum of five (5) years or \$8,000.00 (\$4,000.00 for technical schools). Loans are due and payable within 10 years of the receipt of the first loan. Students will not be charged interest while actively pursuing full-time study at an accredited school of higher education. Interest rates will be adjusted annually during periods when a student is enrolled less than full-time or following termination or graduation from school. Interest rates are approximately ½% less than the federal Stafford loan rate. A six (6) month deferment on interest charges will be given upon graduation.

**Keep in mind: This loan is separate from Perkins, Stafford, and Great Lakes and our program does not fit anywhere into the criteria for loan consolidation or loan forgiveness at the time of graduation.**

New federal law: If a student applies for an MPSD loan, they cannot be employed with Associated Banc-Corp or a subsidiary or affiliate of Associated Banc-Corp (“Associated”) at the time of application . If a student already has an MPSD loan, they can gain employment with Associated; however, the student cannot receive additional loans from MPSD nor can the terms of any outstanding loans with MPSD be changed after such employment begins.

**INSTRUCTIONS:** First-time loan applicants should complete and submit this form to:

Manitowoc Public School District, Director of Business Services, P.O. Box 1657, Manitowoc, WI 54221-1657

Student’s Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student’s Address \_\_\_\_\_ School Year for which loan is requested **2019-2020**

Student’s Phone \_\_\_\_\_ Year graduated from Lincoln \_\_\_\_\_

Parent’s Name \_\_\_\_\_ Loan amount requested: \_\_\_\_\_

Parent’s Address \_\_\_\_\_

Parent’s Phone \_\_\_\_\_

During this school year I plan to attend \_\_\_\_\_ and be classified as a:

(name of school – city, state)

- |                   |                          |                 |                  |                          |                     |
|-------------------|--------------------------|-----------------|------------------|--------------------------|---------------------|
| <b>In 4 Year</b>  | <input type="checkbox"/> | Freshman        | <b>In 2 Yr</b>   | <input type="checkbox"/> | First Year Student  |
| <b>College</b>    | <input type="checkbox"/> | Sophomore       | <b>Technical</b> | <input type="checkbox"/> | Second Year Student |
| <b>or</b>         | <input type="checkbox"/> | Junior          | <b>School</b>    | <input type="checkbox"/> | Other _____         |
| <b>University</b> | <input type="checkbox"/> | Senior          |                  |                          |                     |
|                   | <input type="checkbox"/> | Masters Program |                  |                          |                     |
|                   | <input type="checkbox"/> | Other           |                  |                          |                     |

Degree Objective: I plan to graduate with a \_\_\_\_\_ degree in \_\_\_\_\_ of \_\_\_\_\_  
(Certificate/Associates/Bachelors/Masters) (Month) (Year)

Additional information to support your request:

Other family members in post high school educational programs: \_\_\_\_\_

Death or disability of parent: \_\_\_\_\_

Unusual medical expenses, etc.: \_\_\_\_\_

Other comments: \_\_\_\_\_

Signature of Loan Applicant

Date

Signature of Parent

Date

The MPSD does not discriminate on the basis of race, color, national origin, ancestry, sex, age, creed, religion, marital or parental status, sexual orientation or disability. Please contact Superintendent at 2902 Lindbergh Drive, P.O. Box 1657 Manitowoc, WI 54221-1657, (920)686-4781, for more information, to raise concerns or to file a complaint.