



Applicant \_\_\_\_\_

Last name first

Date of Application \_\_\_\_\_

Amount Requested \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_

Month Year

Social Security Number \_\_\_\_\_

# LOAN APPLICATION

## AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

### BUFFALO BRANCH, INC., BUFFALO, NEW YORK

This application should be typed or printed and returned to the Chair of the Chamberlin Loan Fund.

Address: Chamberlin Loan Fund  
P.O. Box 397  
Amherst, New York 14226-0397

Contact: \_\_\_\_\_

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### DO NOT WRITE IN THIS SPACE

Action of Committee: \_\_\_\_\_

Members Present: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Action of Board: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action of Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_

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American Association of University Women promotes equity for women, education  
and self development over the life span, and positive societal change.

**APPLICANT**

\_\_\_\_\_

\_\_\_\_\_

Last Name First Name Middle Name

Previous Legal Name(s): \_\_\_\_\_

\_\_\_\_\_

Permanent \_\_\_\_\_

home \_\_\_\_\_

address \_\_\_\_\_ Phone \_\_\_\_\_

Address at \_\_\_\_\_

school \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Marital Status:

\_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated

E-Mail Address \_\_\_\_\_

Health Status

I consider my health status to be:

\_\_\_ Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Below Average

**Family Information**

A. Father \_\_\_\_\_

B. Mother \_\_\_\_\_

Home address \_\_\_\_\_

Home address \_\_\_\_\_

Name & Address \_\_\_\_\_  
of employer \_\_\_\_\_

Name & Address \_\_\_\_\_  
of employer \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

C. Ages and occupations of siblings \_\_\_\_\_

D. Spouse/Other

E. Dependents

Name \_\_\_\_\_

| Name  | Relationship | Age   |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |

Home address \_\_\_\_\_

Name & Address \_\_\_\_\_  
of Employer \_\_\_\_\_

Job Title \_\_\_\_\_

**Educational History**

A. Name of college or university in which you are now enrolled or have been accepted for the coming semester: \_\_\_\_\_

B. Please check your current college standing: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate Student

C. Academic average last semester \_\_\_ Cumulative average \_\_\_ D. In what field of study do you plan to specialize? \_\_\_\_\_

E. What degree do you seek? \_\_\_\_\_ F. When do you expect to graduate? Month \_\_\_\_\_ Year \_\_\_\_\_

G. If you have attended other colleges or universities, please list and give dates of attendance, degrees earned and/or academic credits accumulated toward a degree. \_\_\_\_\_

H. Briefly state your education and career goals. \_\_\_\_\_

1. Name honors and awards you have received. Give a brief description \_\_\_\_\_

**Work History**

(List the most recent job first)

| Employer Name & Address | Job Held | Full or Part Time | Dates Employed |
|-------------------------|----------|-------------------|----------------|
|                         |          |                   |                |
|                         |          |                   |                |
|                         |          |                   |                |

**Financial**

A. Have you received a loan or loans for your education? \_\_\_\_\_ If so, please supply the details below.

| Sources | Date(s) of Loan | Total Amount(s) Outstanding | Plan(s) for Repayment |
|---------|-----------------|-----------------------------|-----------------------|
|         |                 |                             |                       |
|         |                 |                             |                       |
|         |                 |                             |                       |

B. Have you been a prior recipient of an AAUW Loan? \_\_\_\_\_ If so when? \_\_\_\_\_ How much? \_\_\_\_\_

C. If you previously attended a college or university, to what extent (estimate percent) were your past years self-financed? \_\_\_\_\_%

D. Fill out carefully your estimated budget for the appropriate time period. Please write in the time period (e.g., month, semester, summer or year). \_\_\_\_\_ Fill in budget items that apply to you.

**RECEIPTS**

**EXPENSES**

- Savings..... \_\_\_\_\_
- Anticipated net earnings (Specify time period) \_\_\_\_\_
- Advances from family members or friends..... \_\_\_\_\_
- Scholarships, fellowships, grants ..... \_\_\_\_\_  
(Specify source) \_\_\_\_\_
- Loans ..... \_\_\_\_\_  
(Specify sources) \_\_\_\_\_
- Other sources (Specify)..... \_\_\_\_\_

- Board, food budget..... \_\_\_\_\_
- Lodging (rent, mortgage)..... \_\_\_\_\_
- Utilities ..... \_\_\_\_\_
- Tuition ..... \_\_\_\_\_
- Fees ..... \_\_\_\_\_
- Books, supplies ..... \_\_\_\_\_
- Clothing ..... \_\_\_\_\_
- Health insurance ..... \_\_\_\_\_
- Other health related expenses ..... \_\_\_\_\_
- Car expenses (gas and upkeep)..... \_\_\_\_\_
- Car insurance ..... \_\_\_\_\_
- Other travel expenses ..... \_\_\_\_\_
- Debt repayment ..... \_\_\_\_\_
- Child care ..... \_\_\_\_\_
- Other (specify) ..... \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**PLEASE** supply documentation for your figures: e.g., financial aid office forms, income tax returns, etc.

### Other Information

Use the following lines to detail any other pertinent facts not covered in this application:

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### References

- A. **Three letters of recommendation**, not from relatives or classmates, supporting your application for a loan should be sent **directly** to the Chair of the Chamberlin Loan Fund by the writers of the recommendations. At least one of the letters must come from a person who is familiar with your college academic achievements, such as a college academic adviser, faculty member, department dean or Dean of Student Affairs. The writer should be qualified to comment on your academic potential.
- B. **The official transcript of your complete college record** is to be sent by the college registrar **directly** to the Chair of the Chamberlin Loan Fund at the address given on the front page of this application.

### Personal Interview

A personal interview is required for each applicant. The interviews will be held close to the application cut off dates. Please list below the dates and times during \_\_\_\_\_ when you will be available for an interview.

Dates

Times

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Addendum: Special Needs Funds:**

AAUW Buffalo Branch also has funds available for a limited number of grants to meet special needs. If you wish to be considered for one of these grants, spell out your '**special needs**' in a letter attached to this application. Special needs include, but are not limited to, such items as conference attendance, special projects, publishing expenses, etc. Please provide a breakdown specifying how the grant money will be spent.