

GILMAN LOAN FUND APPLICATION

DATE: _____

NAME: _____

SS# : _____

ADDRESS: _____

DEPT: _____

I would like to request a loan from the Gilman Loan Fund in the amount of \$ _____
(maximum of \$2,000.00). I plan to repay the loan in monthly amounts of \$ _____
(the loan must be paid back within a 12-month period; e.g., for a \$2,000.00 loan, the
minimum repayment would be \$166.67 based on 12 deductions).

I am requesting the loan for the following reason(s):
(please be as specific as possible)

I understand that upon approval of the loan I will not be eligible to receive another
Gilman Loan for a period of two (2) years.

I can be reached at extension _____ , and my Hinman box # is _____ .

I can be reached through BlitzMail YES _____ NO _____

** Please note: Approval depends on availability and eligibility. Upon being approved,
processing time will take between 10-12 days.*

Applicant Signature: _____

With Application:
ID Presented: _____
Date: _____
Reviewer's Initials: _____

For Check:
ID Presented: _____
Date: _____
Reviewer's Initials: _____