

**West Plains Downtown Inc.,
408 Washington
PO Box 1194
West Plains, MO 65775
417-256-9724**

Application for Scholarship Loan

Program Name: _____
 Program Cost _____ Amount Requested _____
 Length of Assistance _____ months
 Course ends _____
 *Payments must begin no later than
 45 days after completing the course
 Monthly Payments to begin on _____

Office Use Only
 Approved: _____
 Date: _____
 Approved by: _____

Student/Applicant Information

Name (Last, First, Middle) _____ SSN _____

Birth Date _____ # of Dependents _____ Ages of Dependents _____ Driver's License# _____ Home Phone # _____ Cell Phone # _____

Current Address (Street, City, State & Zip) _____ County _____ Do you rent/own _____ How long _____

Address prior to current (Street, City, State & Zip) _____ County _____ Do you rent/own _____ How long _____

Employer (Company Name & Address) _____ How long _____

Business phone _____ Extension _____ Position or title _____ Gross Salary per month _____ Net Salary per month _____

Previous Employer (Company Name & Address) _____ How long _____

Name & Address of nearest relative not living with you _____ Relationship _____ Phone _____

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support or separate maintenance received under _____

Sources of Other Income, including other financial assistance, grants or scholarships _____ Amount per month _____

Is any if the income in this section likely to be reduced before this request it paid in full?

Complete only if Applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of this obligation.

Applicant Marital Status: _____

Asset & Debt Information

This section should be completed giving information only about the Applicant

ASSETS OWNED (use separate sheet if necessary)

Description of Assets	Subject to Debt?	Value
Checking Account Number(s) Where? Name on Account		
Savings Account Number(s) Where? Name on Account		
Certificate of Deposit Where? Name on Account		
Marketable Securities Issuer Type # of shares Name on Account		
Real Estate Location Date acquired Name on Account		
Life Insurance Issuer Name on Account		
Automobiles Make Make Model Model Year Year		
Other Assets (list)		
	Total Assets	

OUTSTANDING DEBTS (include charge accounts, installment contracts, credit cards, rent, mortgages and any other obligations.)

Creditor	Account #	Name Account Carried In	Original Amount	Present Amount	Monthly Payment
Landlord				(omit rent)	
Mortgage Holder					
Mortgage Holder					
Automobiles (describe)					
Other Debts (use separate sheet if necessary)					
Total Debts					

Complete the following information about the Applicant, if applicable.

Are you obligated to make Alimony, Support or Maintenance Payments?

If yes, to whom? (Name and Address) _____ Amount per Month \$ _____

Are you a co-maker, endorser or guarantor or any loan or contract?

If yes, for whom? (Name and Address) _____

To whom? (Name and Address) _____

Are there any unsatisfied judgments against you? _____

If yes, give amount owed? _____

To whom is this judgment owned? (Name and Address) _____

Have you declared bankruptcy in the last ten years?

If yes where? _____ Year: _____

Have you been "Pre-Hired" at this time by any company contingent upon the successful completion of the course indicated on page one of this application?

If Yes, by what company? _____

Address if company _____ Telephone # _____

Contact person within the company: _____ Title _____

Has that company guaranteed repayment of any part of your tuition through a tuition reimbursement program if you begin employment with that company upon completion of this course? _____

Up to what amounts will this company reimburse tuition? _____ (total amount) _____ (per month)

How long must you remain employed with that company to be reimbursed for the full tuition? _____

List other companies to which you have applied and have also been offered employment.

Company and contract number _____

Does this company offer tuition reimbursement? _____

Company and contract number _____

Does this company offer tuition reimbursement? _____

Company and contract number _____

Does this company offer tuition reimbursement? _____

Company and contract number _____

Does this company offer tuition reimbursement? _____

Signatures. I certify that everything I have stated in this application and on any attachment is true, correct and accurate. I understand that DOWNTOWN WEST PLAINS INC. will retain this application whether or not it is approved. By signing below, I authorize DOWNTOWN WEST PLAINS INC. to request and receive a routine credit check report and authorize them to verify employment history and to answer any questions others may ask regarding my credit history with DOWNTOWN WEST PLAINS INC. if approved. I further understand that if there are changes to my financial condition, I must update the information provided here.

Additionally, I understand that this agreement, if approved, is a legally binding contract to which I am fully obligated to pay in accordance with the payment plan established by DOWNTOWN WEST PLAINS INC. upon such approval and that if this agreement falls into default, that I may be charged with paying in full the total amount owed at that time, plus any and all costs incurred by DOWNTOWN WEST PLAINS INC. involved in the collection of any amounts owed. My signature below constitutes full understanding and agreement to these terms.

Joint Applicant or Second Party Signature

Date