

**Hinman Scholars Loan Fund Application
St. John's Lutheran Church**

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

College/University Attending _____

For Academic Year _____

Freshman ____ Soph ____ Jr ____ Sr ____ Post-Grad ____

Major _____

Loan Amount requested (up to \$1,000) _____

Please attach a brief account of why you are applying for the loan and what the loan would mean to you with this application.

Terms of Loan

I agree to repay this interest free loan within four years following a one year grace period after graduation or after leaving college (total of 5 years to repay).

Signature _____

Date of application _____

Please return this completed application to the church office or mail to:

St. John's Lutheran Church

Attn: Hinman Scholars Loan Fund

587 Springfield Ave.

Summit, NJ 07901-4584