CCNM California College of Natural Medicine Loan Application

Fax Applications to:
1-928-496-2050
Call With Questions:
1-800-421-5027

Mail Applications To:
849 Almar Ave. C189
Santa Cruz, CA 95060

Instructions: *If all information is not completed in full, the processing of your application may be delayed. Initial any changes; do not use correction fluid. Bring to your school's financial aid office for school certification. This application must be completely filled out and certified by the school official.* ***By submitting this application, you authorize CCNM Financial Dept. to check your credit history whether or not your application is signed.***

Section A: Borrower Section: **Please complete all information in this section**

Loan Amount Requested $	Repayment Term Requested 2 years		

Full Name: Last	First	MI	Jr. / Sr.	Social Security Number	Date of Birth (month/day/year)

Street Address	Apt #	Rural Route	Own	Rent	Live With Parents

City	State	Zip Code	How Long at Current Address Years Months	Home Phone ( )

Mailing Address if different from Street Address above	Landlord / Mortgage Holder Name & Phone #

Monthly Mortgage / Rent Amount $	Approximate Balance (Mortgage only) $	Approximate Home Value (If you own) $	Work Phone ( )

Employer Name	Position / Title	How Long Years Months	Other Income Source: $_____

Employer Address	State	Zip Code	Gross Annual Salary $	Note: You should include income of your spouse or any person in your household who is jointly responsible with you for debts .You do not have to reveal alimony, child support or maintenance income unless you wish it to be considered as a basis for loan repayment.

Reference Name (Do not use co-borrower.)	Reference's Permanent Address:	Reference's Home Phone	Relationship
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Section B: Co – Borrower Section **Please complete all information in this section if applying jointly.**

Relationship to Applicant:	Social Security Number

Full Name: Last	First	MI	Jr. / Sr.	Home Phone ( )	Date of Birth (month/day/year)

Street Address	Apt #	Rural Route	Own	Rent	Live With Parents

City	State	Zip Code	Work Phone ( )

Monthly Mortgage / Rent Amount $	Approximate Balance (Mortgage only) $	Approximate Home Value (If you own) $	Work Phone ( )

Employer Name	Position / Title	How Long Years Months	Other Income Source: $_____

Employer Address	State	Zip Code	Gross Annual Salary $	Note: You should include income of your spouse or any person in your household who is jointly responsible with you for debts .You do not have to reveal alimony, child support or maintenance income unless you wish it to be considered as a basis for loan repayment.

Section C: Student Section: **Please complete all information. Applicant may be the student.**

Full Name: Last	First	MI	Social Security Number	Date of Birth (month/day/year)

Section D: School Section: **To be completed by an authorized school official.**

School Name	School Address	School Phone	Tuition Amount
California College of Natural Medicine	849 Almar Ave., C189 Santa Cruz, CA 95060	**1-800-421-5027**	$

	Date Classes Begin (Month/Year)	Date Classes End (Month/Year)		Anticipated Graduation / Completion Date (Month/Year)

I hereby certify that the student in Section C is accepted for enrollment, or is enrolled, and in good standing. I further certify that the School will provide the loan holder or servicer subsequent information regarding the student's whereabouts, if requested by the loan holder or servicer. I further certify that the institution will comply with all applicable policies and provisions, and that the information provided in Sections A, B and C is true, complete and correct to the best of my knowledge and belief.

School Certification: I have read and agree with above paragraph.

Signature of authorized school official: Date	Print or type name and title:

This application will be submitted to CCNM Financial Department for approval. I/we authorize CCNM Financial Department to make whatever credit inquiries it deems necessary in connection with this loan application and in the course of review or collection of any credit extended in reliance on this application. I/we authorize and instruct any person or consumer reporting agency to furnish to CCNM Financial Department any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain CCNM Financial Department property, whether or not a loan is approved. All information set forth in this application is declared to be a true representation as to the facts, made for the purposes of obtaining the loan requested, and any willful misrepresentation in this application may result in criminal action. CCNM and its affiliates may share credit and other information about you with each other for marketing and administrative purposes. If you do not want credit information about you from your application, consumer reporting agencies, or third parties shared with our affiliates, you will need to send us a signed letter telling us so with this application.

_____ _____ _____ _____

Borrower's Signature Date Co- Borrower's Signature Date

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