



**FRIENDS OF THE MEDICAL SCHOOL  
Student Loan Application**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

Phone: \_\_\_\_\_

LOAN AMOUNT REQUESTED: \_\_\_\_\_ (Maximum loan amount \$300.)

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date

Leslie Fry, Director of Financial Aid