

Massachusetts State Grange Educational Aid Fund  
**APPLICATION FOR LOAN**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Subordinate/Community Grange name \_\_\_\_\_  
Date you joined the Grange (Subordinate/Community) \_\_\_\_\_  
College attending \_\_\_\_\_  
Full-time or part-time student? \_\_\_\_\_  
Tuition/fees per semester (full-time) or per course (part-time) \_\_\_\_\_  
Degree you are pursuing and expected graduation date \_\_\_\_\_  
Profession you are preparing for \_\_\_\_\_  
Are you currently employed? \_\_\_\_\_  
If employed, who is your employer and what is their address? \_\_\_\_\_  
\_\_\_\_\_  
Additional Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Parent/Guardian (if applicant is a minor) \_\_\_\_\_

We certify that \_\_\_\_\_ is and has been a member in good standing of \_\_\_\_\_ Grange No. \_\_\_\_\_ for the past \_\_\_\_\_ years. We recommend the applicant as a person of good character and as one who is deserving of the aid of the Fund.

GRANGE  
SEAL

President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Date \_\_\_\_\_

Application to be sent to: Educational Aid Fund  
Nancy M. Blackmer, Secretary  
77 Burrill Avenue  
Orange, MA 01364-1815

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**THIS SPACE FOR USE OF TRUSTEES**

Loan approved by:

Loan \_\_\_\_\_ Note No \_\_\_\_\_ Note Dated \_\_\_\_\_ Amount \_\_\_\_\_