

Massachusetts State Grange Educational Aid Fund
APPLICATION FOR LOAN

Name _____

Date of Birth _____ Social Security Number _____

Residential Address _____

Mailing Address (if different) _____

Phone # _____ Email _____

Subordinate/Community Grange _____

Date you joined the Grange (Subordinate/Community) _____

College attending _____

Full-time or part-time student? _____

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? _____

Signature of Applicant _____

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

I certify that _____ is and has been a member in good standing of

_____ Grange No. _____ for the past _____ years. I recommend the applicant as a person of good character and as one who is deserving of the aid of the Fund.

GRANGE

Secretary/President _____

SEAL

Date _____

Application to be sent to:

Educational Aid Fund
Nancy M. Blackmer, Secretary
77 Burrill Avenue
Orange, MA 01364-1815

THIS SPACE FOR USE OF TRUSTEES

Loan approved by:

Loan _____ Note No _____ Note Dated _____ Amount _____