

“Easy One-Page Application”
ARKANSAS RURAL ENDOWMENT FUND, INC.
1306 W. Fourth, P. O. Box 750
Little Rock, Arkansas 72203 (1-800-232-5505) Lender #800246
www.eref.org

PLEASE PRINT IN INK

County _____

School to Attend _____ Period of Loan _____
(Name of School) (Beginning and Ending Dates)

Full Name _____ Sex _____ Age _____ Birth Date _____

Current Mailing Address _____
No. Street City or Town State Zip Code How many years?

Permanent Mailing Address _____

Marital Status _____ Dependents _____ Employer _____ How many years?
Work # _____

How long have you been a resident of Arkansas? _____ Home # _____

Drivers License # _____ State _____ SS# _____

Educational Experience - Beginning with High School:

<u>Name of School</u>	<u>State</u>	<u>Years Attended</u>	<u>Diploma or Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____

Proposed Profession _____ Anticipated Graduation Date _____

Husband/Wife Name _____
Employer _____ Work # _____ Occupation _____

Father’s Name _____ Mother’s Name _____
Address _____ Address _____

Employer _____ Employer _____
Home Telephone # _____ Home Telephone # _____

I certify that the information given is true and correct. I authorize release of my credit history from the credit bureau and release of any enrollment information pertinent to my loans to Arkansas Rural Endowment Fund.

Date _____ Applicant’s Signature _____