

State or Social Security		Car Insurance	
Expected Parental Support		Laundry and Cleaning	
Savings		Personal Supplies (soap, haircuts, cosmetics, etc.)	
Gifts		Recreation	
Miscellaneous (specify)		Clothing	
		Debt Service (i.e., car payments, bankcard, other payments to be made during period covered by this loan)	
		Other (itemize)	
RESOURCE TOTAL:		EXPENSE TOTAL:	

Amount of Loan Requested _____ (not to exceed \$850 per term)

Please complete this section if your parent(s) claim you on their taxes:

Parent Name _____

Address _____

City, State, Zip _____

Telephone _____

Please list two current references:

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____

OFFICE USE ONLY:

Approved Loan Amount _____

TERMS OF AGREEMENT

Funds are made available from a trust administered by the Financial Aid Office.

Eligibility: Applicant must be enrolled in OHSU School of Nursing coursework.

Amount of Loan: The amount borrowed is based on determination of need, not to exceed \$850 per term.

Interest: Interest is 5% on the unpaid balance and begins at the time the loan is awarded.

Repayment: Repayment of the loan begins three months after a student graduates or is no longer enrolled in OHSU School of Nursing coursework.

Enrollment Status: Financial aid officer must be notified if student withdraws from an OHSU School of Nursing program.

I have read and understand the Harding Loan Fund eligibility requirements and terms of the agreement.

Student's signature _____ **Date** _____

Please submit this application to:

Tami Buedefeldt
Office of Recruitment, Admissions, and Progression
Mail Code: (SN-ADM)
3455 SW US Veterans Hospital Rd
Portland Oregon 97239-2941
Phone: 503.494.7725
Fax: 503-494-6433
Email: buedefel@ohsu.edu

Preferred Deadline: 4 weeks before term begins (BE SURE TO FILL OUT FORM COMPLETELY)