## ELIZABETHTOWN COLLEGE

## FEDERAL PERKINS LOAN PROGRAM QUESTIONNAIRE

## Please complete this form and return it to us along with your Rights and Responsibilities. You must complete every field below for your loan to be disbursed.

## STUDENT INFORMATION

Name		Spouse's Name (if r	Spouse's Name (if married)	
Last	First	M.I.		
Date of Birth	Social Security #	Driver's License #	State of Issue	
Street				
City	State	Zip		
Primary Telephone #		Secondary Telephone #		
	PARENT OR (	GUARDIAN INFORMATION		
Parent 1 (mother/father/stepparent)		Parent 2 (mother/father/stepparent)		
Name		Name		
Street		Street		
City	StateZip	City	State Zip	
Telephone #		Telephone #		
Employer		Employer		
Employer's Address		Employer's Address		
		REFERENCES		
List two persons w		) have known you for at least three y guardian information listed above.	ears. These references cannot	
Name		Name		
Street		Street		
City	State Zip	City	State Zip	
Telephone #		Telephone #		