



Name and address of credit references: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's name \_\_\_\_\_  
Mother's name \_\_\_\_\_  
Parents' address: \_\_\_\_\_  
\_\_\_\_\_

Previous address: \_\_\_\_\_  
(If above address is less than ten years.)

Father's occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
Employer \_\_\_\_\_  
Mother's occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
Employer \_\_\_\_\_

		Age
Parents' Dependents:	_____	_____
(still at home)	_____	_____
	_____	_____
	_____	_____

How did you find out about the FDA's Student Loan Program? \_\_\_\_\_

Military history \_\_\_\_\_  
\_\_\_\_\_

Do you own an automobile? \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Do you belong to a fraternity? \_\_\_\_\_

Name of family dentist \_\_\_\_\_

I hereby apply for a loan from the Florida Dental Association to help pay my expenses while attending dental college.

Signature \_\_\_\_\_

NOTE: The following MUST be submitted with your completed application:

1. A personal letter to the chairman of the Student Loan Committee setting forth the reasons you feel a loan should be granted to you.
2. An **OFFICIAL GRADE TRANSCRIPT** of your dental college grades to date.
3. The original **signed Provisions**.

## ITEMIZED FINANCES FOR ACADEMIC YEAR

Estimated expenses for academic year:

Estimated income for academic year:

Tuitions: \$ \_\_\_\_\_

College work-study program \$ \_\_\_\_\_

Fees:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other employment \_\_\_\_\_

Educational loan(s)  
 (Please list)

Books \_\_\_\_\_  
 Supplies \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Housing:  
 House payment \_\_\_\_\_  
 Rent \_\_\_\_\_  
 Dormitory \_\_\_\_\_  
 Utilities \_\_\_\_\_

Scholarships and grants \_\_\_\_\_  
 National Defense Loan \_\_\_\_\_  
 Assistance from family \_\_\_\_\_  
 If married, spouse's income \_\_\_\_\_  
 Other income \_\_\_\_\_  
 Personal Savings \_\_\_\_\_

Food: \_\_\_\_\_

Total: \_\_\_\_\_

Transportation:  
 Car payment \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Maintenance \_\_\_\_\_  
 Gas \_\_\_\_\_  
 \_\_\_\_\_

Personal expenses:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other:  
 \_\_\_\_\_  
 \_\_\_\_\_

Total: \_\_\_\_\_

Should your estimated expenses exceed your estimated income, please explain how you anticipate financing this balance: (You may continue explanation on the back of this form)

Signature: \_\_\_\_\_