

Delta Sigma Delta Educational Foundation Loan Application Form

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The Delta Sigma Delta Educational Foundation offers loans in amounts up to \$10,000.00. The interest rate on all funds loaned is five point eight percent (5.8%) per annum simple interest. Interest begins to accrue on the first day of the month following the signing of the Promissory Note. Principal payments begin on the first day of July following the expected year of graduation. Principal payments are \$2,000 each for five (5) consecutive years. Principal and/or interest payments are due July 1 of each year.

Failure to pay principal or interest within thirty (30) days after July 1 constitutes an event of default. Dropping out of school or discontinuing study for at least one semester or quarter, as the case may be, also constitutes an event of default.

Applicant must be a member in good standing of Delta Sigma Delta for one year or more and be in the third or fourth year of dental school or in post-graduate dental training.

A guarantor for the loan is required. The guarantor may not be a spouse.

Applications will be accepted at the Foundation office on or after January 1 of each year and must be received by the Foundation by March 31st of that year. Forms will then be sent to the Dean of your school and the Deputy of your chapter. These forms must be received at the Foundation office by April 30th of the year you apply. Failure to receive them by that date will result in your failure to receive the loan. The applicant must be proactive to ensure these forms are returned in time.

Return the complete package to the Foundation office. This includes the form for release of academic information, the guarantors form, and the applicant's information.

All completed and signed forms must be submitted to the Delta Sigma Delta Educational Foundation by U.S. Mail, Federal Express, or UPS. Electronic or facsimile submissions are not permitted.

You should be notified of the receipt of your application within 2 weeks. If not, contact Br. Robert Karsten at drrobertkarsten@gmail.com

This form must be filled out accurately and completely to obtain consideration. Please print legibly.

Date _____

Name _____
First Middle Last

Social Security Number _____

Date of Birth _____ **Place of Birth** _____

Dental School _____

Date of Expected Graduation (MM/YYYY) _____

Current Address

Number and Street

City State Zip

Home Phone Cell Phone Email Address (non .edu address)

Alternate Contact and Address

First Middle Last

Number and Street

City State Zip

Home Phone Cell Phone Email Address

When were you initiated into Delta Sigma Delta? _____

Chapter Deputy Name and Contact Information

First *Last*

Number and Street

City *State* *Zip*

Home Phone *Cell Phone* *Email Address*

**Are you a current member of Delta Sigma Delta
with all financial obligations paid to date?** Yes No

List any offices held in your chapter of Delta Sigma Delta

List your memberships and offices held in dental organizations.

List any scholarships you hold or have held and their value.

Please explain how this loan money will be used.

Authorization to obtain credit report and other information

I give the Educational Foundation the authority to obtain a credit report and any other information needed to evaluate this application.

Signature

Date

Authorization to Disclose Academic Information

The undersigned, _____, being currently enrolled as a
Applicant Full Name

student in the (graduate) dental program at _____,
Institution Name

hereby authorizes the release and disclosure of my academic record to The Delta Sigma Delta Educational Foundation, in connection with my application for a loan from the Foundation.

Applicant Signature *Date*

Please supply the name of the Dean of your school and the complete address of the Dean's office.

Dean's Name

Address 1

Address 2

City *State* *Zip*

Phone *Dean's Office Email Address*

