THE BILL RASKOB FOUNDATION, INC.

WWW.billraskob.org

Thank you for your inquiry about the Bill Raskob Foundation, Inc. (BRF) Basically, the Foundation seeks to aid deserving students through **no-interest educational loans.** We do not award scholarships, grants or gifts.

The Bill Raskob Foundation, Inc. is a small family foundation, and depends upon the repayment of loans in order to continue to help students obtain an education. It is important that you recognize there is a moral as well as legal obligation to repay any loan that you may receive.

In order to qualify, you must be an *American citizen*, enrolled at an *accredited institution* for the upcoming school year. At present, the Foundation is **not accepting applications from foreign students**, **US students graduating from a foreign school, for first year study (undergraduate) or correspondence courses**. You will also wish to know that it is not the policy of this Foundation to fund students through more than one degree...or accept applications for **theses**, **dissertations**, **internships**, **residencies or affiliations**. (If you are in a combined Degree Program, you might wish to call the Foundation at (410) 897-0500 to see if you qualify, prior to submitting an application).

Regarding repayment, the Foundation offers a 6-month "grace period" following graduation to all students, except medical\dental\veterinary students who may begin repayment within 12 months. The Foundation determines the repayment schedule and time frame...and since the Bill Raskob Foundation, Inc. basically operates as a revolving loan fund, **deferments are not granted**.

The Foundation strongly recommends that all applicants apply for government loans or grants. Since this is a small family Foundation with limited funds to distribute, a student's efforts at locating funding from as many sources as possible are often considered by the Trustees as an indication of serious intent and responsibility. (**Note: Most BRF loans range from \$3,000-\$5,000**)

The student must complete the form. Loans are made to the student applicant (not the parents, the school or outside agencies), so the ability to follow instructions is a factor taken into consideration. All additional information (see *Checklist on Application Form*) must be supplied before the Board will consider your application. Also, a personal interview may be requested, depending upon geographical location. If any requirements are not satisfied, the application may be automatically rejected. (*Please make copy of applications for you records*)

If you meet the above qualifications, and now wish to apply to the Bill Raskob Foundation, Inc., we will be happy to hear from you. Our Board of Trustees meets once a year to consider applications. **Requests for applications are accepted from January 1**st **through April 1**st. **The deadline for submitting completed applications is May 1**st. You will be notified of the committee's decision in July or August.

Edward H. Robinson Executive Director

REQUIREMENTS FOR SUBMITTING STUDENT LOAN APPLICATION THE BILL RASKOB FOUNDATION, INC.

This insert is for your use only. It is only intended as a "check-off" sheet to help you keep track of which parts of the application you have finished.

1.	Application filled in completely (Section I)	and D**]	There are three (3) separate Financial Statements included. You only need to fill out and submit the one (1) Financial Statement that is relevant to you.
2.	Most recent tax return (Included in section V)	*D:	
3. *	Character references (Section VI) (With one letter of recommendation)	DO N follow	•
4.	Scholastic reference letter (Section XII)	• #8	3 Character References 3 School Literature (unless ition increased)
5.	Consent to release (Section VII)	• #1	10 Acceptance letter (If there is transfer involved)
6. **	Essay (Section VIII)		arental letter of support ssay: Essay is still required.
7.	Transcripts (Section IX)	Previousl write an e	y funded students are asked to essay that recaps student's
8.*	School literature (Section X)	_	essay and updates the Board on current situation.
9.	Financial award letter (Section XI)		
10.*	Acceptance Letter		

The application form MUST BE COMPLETELY FILLED IN by the student applying for the loan with all of the information requested. If a particular question or section is not applicable to you, indicate this, using such answers as "Not Applicable", "No" or "None". Please make sure you complete all sections.

A personal interview may be required.

Recipients of a loan from the Bill Raskob Foundation, Inc. DO NOT automatically receive loans each year. Recipients must complete the entire application process when re-applying for a loan.

Recipients must notify the Foundation in cases of: change of graduation date; change of school; change in major; change in address or change of phone number.

You must request a specific dollar amount. Your application will not be accepted or denied based on the amount you request. The Foundation reserves the right to award recipients a dollar amount different from that that was requested by the applicant.

THE ORGINAL FORMS MUST BE RETURNED TO THE FOUNDATION. COPIES ARE NOT ACCEPTED.

Review all requirements and forms to make sure all the necessary information has been supplied, and return everything in one envelope prior to <u>May 1st</u> to: Bill Raskob Foundation, Inc., P. O. Box 507; Crownsville, Maryland 21032-0507. If you have any questions, call (410) 897-0500.

COVER BACK (do not mail back)

Application For The

Bill Raskob Foundation, Inc.

School Year '05-'06

The Bill Raskob Foundation, Inc. Loan Application The student must complete form. Type or print in black ink only.

I. PERSONAL INFORMATION NAME:		F_MAII A	DDRESS:	
Last First	Middle	L-IVIAIL A	DDINESS	
PERMANENT ADDRESS:	Middle			
TERMANENT ADDITEOU.	Street (no PO Box) City	State	Zip
SUMMER ADDRESS	Ctroot (no r o Box	, Oity	Oldio	<i>_</i> .ip
SOMMEN ADDINESS	Street (no PO Box) City	State	Zip
'05-'06 SCHOOL ADDRESS:	Officer (110 1 O BOX)) Oity	Otato	Ζip
05-00 SCHOOL ADDRESS.	Street (no PO Box	City	State	7in
Tolonhono numbero: DEDMANENT: / \	•	•		Zip
Telephone numbers: PERMANENT: ()			CHOOL: ()
WORK: ()	0.000		ELL: ()
Date of Birth:/ Are you a U.				
Birthplace Single Ma	Social Security Nu	mber:	- <u>-</u> -	
Are you: Single Ma	arried 🔲 Separa	ated 🔲 Divor	ced 🗌 Widowed	d
Do you have any children? 🔲 Ye	es 🗌 No	If so, hov	v many?	
Have you ever filed or are you curre	ently filing for bankı	ruptcy?] Yes 🔲 N	lo
Have you been \ are you currently i			ds? Yes	□No
	•		<u> </u>	
II. LOAN INFORMATION				
Have you ever received a loan from this Fo	oundation before?	☐ Yes	∐ No	
If so, for what amount (s) \$	\$		S	
Has anyone else in your family ever receiv	ed a loan from this	Trust before?	☐ Yes ☐ N	No
If so, please name recipient (s)				
*You must fill in an amount. Loans range from not be accepted.	* <u>06 SCHOOL YEAR</u> \$3000.00 to \$5,000.0	:		our application will
III. SCHOLASTIC INFORMATION				
	<u>Dates Attended</u>	Date Grad	<u>duated\Degree Earn</u>	<u>ed</u>
HIGH SCHOOL:	<u> </u>		\	· · · · · · · · · · · · · · · · · · ·
COLLEGE\UNIVERSITY:	(<u>-</u>)	<u> </u>	
GRADUATE SCHOOL:	<u> </u>	<u>)</u>	<u> </u>	
OTHER EDUCATION:	(\	
Are you currently attending school?	s No	If Yes:	Full Time	☐ Part Time
Name of the School you will attend in '05-'06				
For '05-'06, are you enrolled as a:	full-time studen	t 🗆 part-tir	ne student?	
Anticipated Degree:		d Graduation Da		
Total Credits\Years Necessary:			npleted as of 6\05:	
COLLEGE MAJOR \ MINOR S)		canori caro con	inploted do of oldo.	
MASTERS:	DOCTORA	ATE:		
WINOTERO.		(IL.		
IV. FAMILY INFORMATION				
Eather's/Cuerdien's Name:	Sr	ouse's Name:		
^ dd****		Idress:		
Addi 633.	AC	iui 633.		
Mother's/Step Parent's Name:				
Mother's/Step Parent's Name:				
Address:				
				
List other dependents of your parents or, if you	have dependents, lis	st them (names	, ages & relationship	to applicant):

V. FINANCIAL INFORMATION

,	AILABLE TO MEET EDUCATION	NAL EXPENSES	(OF (OO
<u>'04 - '05</u>			<u>'05 - '06</u>
(Actual)			(Estimated)
\$	•	s, dividends) to meet educational expenses	
\$	• • • •	aws, if applicable) to meet educational expe	nses \$
\$		e) to meet educational expenses	\$
\$	Alimony \ Spouse support to r	•	\$
_	Summer earnings: 2005 - \$		_
\$	The amount applied to schoo	·	\$
\$	Income while in school (part-t	•	\$
\$	Private loans or gifts (family, f	•	\$
	and amount expected	Federal Aid in '04 - '05 in left-hand column for '05 - '06 in right-hand column. List below our requests for '05 - '06 (received, pending	
\$	PELL	(status:)	\$
Ψ \$	SEOG	(status:)	Φ
Ψ \$	NDSL \ Perkins	(status:)	Ψ
Ψ \$		(status:) (status:)	Ψ
Ψ \$	PLUS	(status:	φ
φ \$	HPL	(status:)	φ
		(status:)	φ
\$	VEAP	(status:)	Φ
\$	Other Federal Aid: _		\$
	Other Loans, Schola	arships, Grants	
\$		(status:)	\$
\$		(status:	\$
\$		(status:	\$
\$		(status:	\$
Ψ	Total All '04 - '05	Total All '05 - '06	<u> </u>
\$	Actual Income	Estimate Income	\$
B) EXPENSES	: List here Educational only		
\$ <u></u>	-	Tuition and Fees	\$
\$		Room and Board	\$
\$		Books & Supplies	\$
\$		All Other (specify)	\$
\$	Total All '04 - '05 Actual Expenses	Total All '05 - '06 Estimated Expenses	\$
Ψ	Actual Expelises	Laumateu Expenses	Ψ
If your estimate	d income \ expenses for '04 -'05 a	are not within \$500, explain how you plan to mal	ke up the Difference:
Money owed to	NAL INDEBTEDNESS. date. List sources & interest cha n of your studies.	rged. Include any previous loans from this Trus	t. Estimate your total debt

D) INSERTS (CHOOSE ONLY ONE)

- (1) IF THE STUDENT IS STILL A DEPENDENT, have your parent(s) complete and submit the appropriate Financial Statement. Along with the Financial Statement, they must include a true copy of their 2004 Federal Income Tax Return signed and dated.
- (2) IF THE STUDENT IS MARRIED AND INDEPENDENT OF PARENTAL FINANCIAL SUPPORT, you (or your Spouse) must complete and submit the Appropriate Financial Statement along with a true copy of your 2004 Federal Income Tax Return(s), signed and dated.
- (3) IF THE STUDENT IS SINGLE AND INDEPENDENT OF PARENTAL FINANCIAL SUPPORT, you must complete and submit the Appropriate Financial Statement along with a true copy of your 2004 Federal Income Tax Return(s), signed and dated.

		e of the academic sphere.) Someone who will know your address afte
1. Name:	, ministers, priest\pastor, etc. Immediate family may not be used.) 2. Name:	
Address:		Address:
Telephone:	Home () Work ()	Telephone: Home ()
Relationship	to applicant:	Relationship to applicant:
0 Na		4. Nieman
Address:		A 1.1
Telephone:	Home ()	Telephone: Home ()
•	Work ()	
Relationship	to applicant:	Relationship to applicant:
*Enclose a lette	er of recommendation from one	1) of your character references.
"I, (Print you (Hereafter referred to telephone numbers release the Institution	during and after my enrollment as a studer or from all responsibility and\or retribution for	(Print name of school you will be attending) nereafter obtained by the Institution concerning my whereabouts, mailing addresses and at at the Institution, upon request from the Bill Raskob Foundation, Inc. Furthermore, or disclosing said information to the Bill Raskob Foundation, Inc, acknowledging my stipulated in the "Family Educational Rights & Privacy Act of 1974."
	Date	Applicant's Signature
goals; b) why y	the student applying for the loan n	nust accompany the application form describing: a) your educationa) efforts you have made to finance your education; d) and genera would like the Board to know.
IX. TRANSCRI You must enclos	PTS se all educational transcripts availab	le.
X. SCHOOL LI	TERATURE	
Include with you	r application form a brochure, bookl	et or letter from the school you will be attending, indicating the cost of

tuition, room and board, etc. for '05 - '06. This must be actual printed literature of the school

XI FINANCIAL AWARD LETTER

Include a copy of the Financial Aid Award letter from your school for '05 -'06.

Between June 1 - June 15 you must submit an update on any changes in moneys received or denied from when you submitted your application (scholarships, grants, loans, gifts, etc.), whether or not the figures have changed.

XII. SCHOLASTIC LETTER OF REFERENCE

Include one letter of reference from a current or previous teacher, professor, academic advisor or counselor.

XIII. ACCEPTANCE LETTER

If this is the first year you are attending this institution, include an acceptance letter from that school.

The Bill Raskob Foundation, Inc.

FINANCIAL STATEMENT (STUDENT APPLICANT) (3)

<u>INSTRUCTIONS</u>: <u>If the student is single and independent of parental financial support,</u> this form is to be completed and signed by the <u>student</u> applying for financial aid for education. All questions must be answered and specific figures given. All information is treated confidentially. A true copy of your 2004 Federal Income Tax Return must accompany this statement.

(Please type or print in black ink.) 1. Student Applicant's Name: Address: 2. Annual Income: Salary and wages before taxes Alimony, Child Support, Social Security, Pensions, etc. Other income (rentals, dividends, interest, etc.) Total gross Income 3. Savings: Bank accounts, savings and checking Market value, stocks and bonds **Total Savings** 4. Other Assets: Market Value Mortgage or Other Debt Home(s) Land(s) Automobile(s) Other (specify): 5. Student's Estimated Living Expenses: ☐ Month ☐ Year (Specify per month or per year) Mortgage \ Rent Taxes (Federal, State, Local) Food Clothing Telephone Utilities (gas, oil, electricity) Medical expenses (not covered by insurance) Insurance (Life, Health, House, Car, etc.) Transportation (car payment, maintenance) Entertainment Loans, credit cards, etc Educational expenses (specify) Others (specify):

INSERT 3 FRONT

6. Please indicate below the circumstances that make it difficult for the family to financially support the student applying for a loan to this trust.

TOTAL:

JL.	
7. In the event that you are independent of parenta	al financial support, your parents must submit a letter to the
Dill Deals be Foundation Inc. 100 100 100	- manifeliar and market to the control of the contr
Bill Raskob Foundation, Inc stating that they are	e unwilling or unable to contribute toward your education.
Date	Student's Signature
Date	Student's Signature
	INSERT 3 BACK

The Bill Raskob Foundation, Inc

FINANCIAL STATEMENT (STUDENT & SPOUSE) (2)

<u>Instructions:</u> <u>If the student is married and independent of parental financial support</u>, this form is to be completed and signed <u>by the student or spouse</u> of the student applying for financial aid. All questions must be answered and specific figures given. Information is confidential. A true copy of your 2004 Federal Income Tax Return must accompany this statement. (*Please type or print in black ink.*)

1.Student App	olicant's Name:					
2. Spouse's	Name: Address Home Telephone: (Employer: Address: Nature of Business:	F	Position Held:			
a b c 4. Please list on Name and Ag		ef for income tax pur onship to applica	poses: nt,			h family?
b						
C						
Social Securit	ages before taxes y, VA Benefits, Pensions, Chi (rentals, dividends, interest, e		\$	\$\$_ \$\$ \$\$	Spouse \$\$ \$\$ \$\$ Spouse	- - - -
	s, savings and checking stocks & bonds		\$	\$\$_ \$\$_	\$	
7. Other Asse Home (s) Land (s) Automobile (s) Other (specify		<u></u>	Market Value / / / /	<u>Mc</u> 	ortgage or Otho	er Debt

8. <u>Estimated Living Expenses</u> : (Specify per month or per year) Mortgage/ Rent	☐ Month ☐ Year (Specify per month or per year)
Taxes (Federal, State, Local) Food Clothing Telephone Utilities (gas, oil, electricity) Medical expenses (not covered by insurance) Insurance (Life, Health, House, Car, etc.) Transportation (car payment, maintenance) Entertainment Loans, credit cards, etc Educational expenses (specify): Others(specify):	\$
TOTALS	
10.* In the event that the student is independent submit a letter to the Bill Raskob Foundation , toward his/her education.	t of parental financial support, his/her parents must also Inc stating that they are unwilling or unable to contribute
 Date	Signature

The Bill Raskob Foundation, Inc

FINANCIAL STATEMENT (PARENTS) (1)

Instructions: If the student is still a dependent, this form is to be completed and signed by the <u>parents</u> of the student applying for financial aid. All questions must be answered and specific figures given. All information is confidential. A true copy of your 2004 Federal Income Tax Return must accompany this statement. (*Please type or print in black ink.*)

	Address:		
2. Father's (Stepfathe	r/Guardian) Name: Address:		
Employer:	: () Wo	Position Held:	
Nature of Work:			
3. Mother's (Stepmoth			
Employer:	: () Wo	ork :() Position Held:	
Nature of Work:			
Name and Age	ur dependent children: e <u>Relationship to Ap</u>	- -	Living with family?
b			
d			
	iven as dependents for income ta		
	e Relationship to Ap		Living with Family?
a h			
D			

INSERT 1 FRONT

6. Annual Income:	F (I (O I') M (I (O) D ()
Salary and wages before taxes Social Security, VA Benefits, Pensions, etc. Other income (rentals, dividends, interest, etc.) Total gross Income	Father (Guardian) Mother (Step Parent) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
7. <u>Savings</u> :	Father (Cuardian) Mather (Ctar Barant)
Bank accounts, savings and checking Market value, stocks and bonds Total Savings	Father (Guardian) Mother (Step Parent) \$ \$ \$ \$ \$ \$
8. Others Assets:	Market Value Markegge or Other Debt
Home (s) Land (s) Automobile (s) Other (specify):	Market Value Mortgage or Other Debt / / / // / // //
9. Family's Estimated Living Expenses:	☐ Month ☐ Year (Specify per month or per year)
Mortgage/ Rent Taxes (Federal, State, Local) Food Clothing Telephone Utilities (gas, oil, electricity) Medical expenses (not covered by insurance) Insurance (Life, Health, House, Car, etc.) Transportation (car payment, maintenance) Entertainment Loans, credit cards, etc Educational expenses (specify):	\$
Others (specify):	\$
	TOTAL \$at make it difficult for the family to financially support the Foundation, Inc. (Use additional sheet, if necessary.)
Date Parel	nt's Signature