

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 March 31st. 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.

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

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Date _____

Name (First, Middle and Last) _____

Social Security Number _____

Date of Birth _____ Place of Birth _____

Dental School _____

Date of expected graduation (month and year) _____

Current address: _____
Number and Street City State Zip

Personal E-mail: _____ Phone: _____

Cell Phone Number _____

Address where you can always be reached (alternate contact):

Number and Street City State Zip

Name of alternate contact: _____

Alternate contact's telephone number _____

List your memberships and offices held in dental organizations _____

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

When were you initiated into Delta Sigma Delta? _____

