

NATIONAL COLLEGE OF NAPRAPATHIC MEDICINE

Student Loan Program (SLP)

The recent downturn in the economy and subsequent credit crunch has made student loans very difficult to obtain for many of our credit worthy students. In response to this need, the NCNM is breaking new ground with our own unique financing alternative.

NCNM is now offering our own student loan program to **qualified** full time students. If you meet **some** of the following criteria—

1. Are gainfully employed,
2. Own a home, or other real property,
3. Have average or better FICO scores,
4. Have a qualified cosigner

You probably qualify for NCNM's Student Loan Program (SLP)

SLP Features

Monthly payments as low as \$400 for full time first year students

Payments increase slightly after graduation

Fixed interest rate for life of Loan that is lower than other programs

10-year term means you pay less interest and be out of debt sooner!

Tuition increases don't affect monthly payments amount while in school**

Manage your credit well and qualify for lower interest rates--

No prepayment penalty

With monthly payments as low as \$400.00, can you afford NOT to pursue your career as a licensed Doctor of Naprapathic Medicine?

**Additional principal is deferred and will therefore increase the amount due after graduation

We reserve the right to limit the number of applicants eligible for this program

Please submit your completed application to:

**National College of Naprapathic Medicine
3330 North Milwaukee Avenue
Chicago, Illinois 60641**

Or Fax to (773) 282-2688

**NATIONAL COLLEGE OF NAPRAPATHIC MEDICINE
(NCNM) STUDENT LOAN PROGRAM (SLP) APPLICATION**

BORROWER(S) INFORMATION

Name of Borrower (Last, First, MI): _____	Cell Phone : (____) _____ - _____
Mailing Address: _____ City: _____ State: _____ Zip: _____	NCNM e-mail address: _____ Alternate e-mail address: _____

SECTION A--PERSONAL INFORMATION

Borrower	Co-Borrower
Name of Borrower _____	Name of Borrower _____
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	Date of Birth: _____
Drivers License Number: _____	Drivers License Number: _____
Residence Address: _____	Residence Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Residence Phone: (____) _____ - _____	Residence Phone: (____) _____ - _____
No. of Yrs./Mos.: _____ / _____	No. of Yrs./Mos.: _____ / _____
Monthly Rent or Mortgage Payment: \$ _____	Monthly Rent or Mortgage Payment: \$ _____
Current Market Value (if owned): \$ _____	Current Market Value (if owned): \$ _____
Current Loan Balance: \$ _____	Current Loan Balance: \$ _____
<u>Landlord or Mortgage Holder:</u>	<u>Landlord or Mortgage Holder:</u>
Name: _____	Name: _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Phone: (____) _____ - _____	Phone: (____) _____ - _____
<u>If less than 5 years at current address:</u>	<u>If less than 5 years at current address:</u>
Previous Address: _____	Previous Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
No. of Yrs./Mos.: _____ / _____	No. of Yrs./Mos.: _____ / _____

SECTION B--EMPLOYMENT INFORMATION

Borrower	Co-Borrower
<u>Current Employer</u>	<u>Current Employer</u>
Employer Name: _____	Employer Name: _____
Employer Address: _____	Employer Address: _____
City/State/ZIP:: _____	City/State/ZIP:: _____
Business Phone: (____) - _____	Business Phone: (____) - _____
No. of Yrs./Mos.: ____ / ____	No. of Yrs./Mos.: ____ / ____
Job Title: _____	Job Title: _____
Current Salary (Monthly): \$ _____	Current Salary (Monthly): \$ _____
Immediate Supervisor: _____	Immediate Supervisor: _____
Supervisors Phone# (____) - _____	Supervisors Phone# (____) - _____
<u>Previous Employer</u>	<u>Previous Employer</u>
Employer Name: _____	Employer Name: _____
Employer Address: _____	Employer Address: _____
City/State/ZIP:: _____	City/State/ZIP:: _____
Business Phone: (____) - _____	Business Phone: (____) - _____
No. of Yrs./Mos.: ____ / ____	No. of Yrs./Mos.: ____ / ____
Job Title: _____	Job Title: _____
Current Salary (Monthly): \$ _____	Current Salary (Monthly): \$ _____
Immediate Supervisor: _____	Immediate Supervisor: _____
Supervisors Phone# (____) - _____	Supervisors Phone# (____) - _____

SECTION C--REFERENCES

Borrower	Co-Borrower
1) Name: _____	1) Name: _____
Address: _____	Address: _____
City/State/ZIP:: _____	City/State/ZIP:: _____
Phone: (____) - _____	Phone: (____) - _____
Relationship to Borrower: _____	Relationship to Borrower: _____
2) Name: _____	2) Name: _____
Address: _____	Address: _____
City/State/ZIP:: _____	City/State/ZIP:: _____
Phone: (____) - _____	Phone: (____) - _____
Relationship to Borrower: _____	Relationship to Borrower: _____

SECTION D—OTHER SOURCES OF INCOME

Borrower		Co-Borrower	
Type	Amount	Type	Amount
Wages (Monthly)	\$	Wages (Monthly)	\$
Self Employment Income	\$	Self Employment Income	\$
Net Investment Income	\$	Net Investment Income	\$
Real Estate Income	\$	Real Estate Income	\$
Other Income (Describe below)*	\$	Other Income (Describe below)*	\$
<i>*Alimony/child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.</i>		<i>*Alimony/child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.</i>	

I/We authorize NCNM to make inquiries as necessary to verify the accuracy of the credit information provided and to determine my/our creditworthiness at any time for any reason related to this credit transaction. NCNM may retain this information and may seek credit information about you or your spouse by obtaining a consumer credit report or otherwise. You understand that from time to time NCNM may receive information about you from others and may answer questions and requests from others seeking credit experience information and credit documentation about you and your relationships with NCNM. You have read, understand and agree that the NCNM may rely on this Authorization.

Declarations	Borrower			Co-Borrower	
	YES	NO		YES	NO
PLEASE ANSWER THE FOLLOWING QUESTIONS:					
1. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had property foreclosed upon within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond or loan guarantee? (If yes, give details as described in the preceding question).	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

If you answer yes to any of the above questions, please give details below (attach separate sheet(s) if necessary):

Each of the undersigned specifically represents to Lender and to Lender's actual agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that the information provided is true and correct as of the date set forth. Further that all statements made in this application are true and are made for the purpose of obtaining the loan. Verification may be from any source named in this application and/or attachments.

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code Section 1014.

Please certify and sign below

_____	_____
Borrower	Date
_____	_____
Co-Borrower	Date