

**KELLOGG SCHOOL OF MANAGEMENT  
LOAN ASSISTANCE PROGRAM**

**I. Personal Information**

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**II. Employment Information**

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Your Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Fax Number: \_\_\_\_\_

**III. Attachments**

1. One to two page essay describing your background, involvement in the public/nonprofit/ngo sector, as well as career focus.
2. Personal income and asset statement.
3. Summary of Kellogg educational debt.
4. Federal income tax return.
5. Verification of employment and salary level for the applicant sent by the employer directly to the Kellogg School Office of Financial Aid.
6. Verification of employment and salary level for the applicant's spouse (if applicable) sent by the employer directly to the Kellogg School Office of Financial Aid.
7. Proof of employer's nonprofit status or comparable documentation for nongovernmental organizations.
8. Documentation (payment schedules) of need-based loans for both Kellogg School and non-Kellogg related loan obligations.

**IV. Signature and Certification**

I declare that the information in this application is correct and complete to the best of my knowledge. The Kellogg School may investigate the information I have provided.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## INCOME AND ASSET STATEMENT

Name: \_\_\_\_\_

Class: \_\_\_\_\_

FILING STATUS     Single

Married

---

### INCOME

1a Applicant's Annual Salary \_\_\_\_\_

1b Spouse's Salary \_\_\_\_\_

1c Other Income \_\_\_\_\_

2a Total Dividends \_\_\_\_\_

2b Total Interest \_\_\_\_\_

2c Other \_\_\_\_\_

    Please describe: \_\_\_\_\_

Total other income 2a + 2b + 2c \_\_\_\_\_

**TOTAL INCOME** 1a + 1b + 1c \_\_\_\_\_

---

### ASSET INFORMATION

3a Cash, savings and checking accounts \_\_\_\_\_

3b Total value of all stocks, bonds, CDs and other investments \_\_\_\_\_

3c Total value of IRAs/Pension plans \_\_\_\_\_

3d Total value of trust funds \_\_\_\_\_

3e Total value of other assets (explain on back of page) \_\_\_\_\_

---

### EDUCATION DEBT PRIOR TO ATTENDING KELLOGG (detail on page 3)

4a Applicant's annual payments \_\_\_\_\_

4b Spouse's annual payments \_\_\_\_\_

Total education debt prior to Kellogg 4a + 4b \_\_\_\_\_

---

### EXEMPTIONS

Spouse 5a \_\_\_\_\_

Dependents:

Name Relationship

5b \_\_\_\_\_

5c \_\_\_\_\_

5d \_\_\_\_\_

TOTAL DEPENDENTS 5a + 5b + 5c + 5d \_\_\_\_\_

### ALLOWANCE FOR EXEMPTIONS

# Dependents x Exemption Allowance \_\_\_\_\_

---

### KELLOGG DEBT

Principal \_\_\_\_\_

Current annual payments \_\_\_\_\_

## EDUCATIONAL LOAN REPORT

Name: \_\_\_\_\_ Class: \_\_\_\_\_

APPLICANT'S EDUCATIONAL LOANS PRIOR TO KELLOGG						
Lender	Amount of Loan	Interest Rate	Current Balance	Monthly Payment	Payment Start Date	Status Current?
1.						
2.						
3.						
4.						
5.						
6.						

SPOUSE'S EDUCATIONAL LOANS						
Lender	Amount of Loan	Interest Rate	Current Balance	Monthly Payment	Payment Start Date	Status Current?
1.						
2.						
3.						
4.						
5.						
6.						

APPLICANT'S KELLOGG LOANS *						
Lender	Amount of Loan	Interest Rate	Current Balance	Monthly Payment	Payment Start Date	Status Current?
1.						
2.						
3.						
4.						
5.						
6.						

\* Please attach documentation of loan repayment (i.e. coupon stub, monthly statement, loan repayment schedule).

**KELLOGG SCHOOL OF MANAGEMENT  
LOAN ASSISTANCE PROGRAM  
REQUEST FOR VERIFICATION OF EMPLOYMENT**

---

**Instructions:**

Applicant: Complete Part I. Forward directly to employer.

Employer: Read Part I. Complete Part II. Sign and return to the Kellogg School of Management.

---

**Part I—Request**

---

To: (Name and Address of Employer)

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

From:

Loan Assistance  
Office of Financial Aid  
Kellogg School of Management  
2001 Sheridan Road, Room #236  
Evanston, IL 60208-2001

I have applied to Kellogg's Loan Assistance Program and stated that you now employ me. My signature below authorizes you to verify my employment information to Kellogg.

Name and address of applicant:

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

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

---

**Part II—Verification of Present Employment**

---

Applicant's date of employment: \_\_\_\_\_

Present position/title: \_\_\_\_\_

Probability of continued employment: \_\_\_\_\_

Enter current base salary and check pay period: \_\_\_\_\_

Annual: \_\_\_\_ Monthly: \_\_\_\_ Weekly: \_\_\_\_ Hourly: \_\_\_\_ Other: \_\_\_\_

Remarks: (If paid hourly, please indicate average number of hours worked per week. If a bonus or overtime is applicable, please indicate.)

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

\_\_\_\_\_  
Name of employer (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date

**KELLOGG SCHOOL OF MANAGEMENT  
LOAN ASSISTANCE PROGRAM  
REQUEST FOR SPOUSE'S VERIFICATION OF EMPLOYMENT**

---

**Instructions:**

Applicant's Spouse: Complete Part I. Forward directly to employer.

Employer: Read Part I. Complete Part II. Sign and return to the Kellogg School of Management.

---

**Part I—Request**

---

To: (Name and Address of Employer)

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

From:

Loan Assistance  
Office of Financial Aid  
Kellogg School of Management  
2001 Sheridan Road, Room #236  
Evanston, IL 60208-2001

My spouse has applied to Kellogg's Loan Assistance Program and stated that you now employ me. My signature below authorizes you to verify my employment information to Kellogg.

Name and address of applicant's spouse:

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

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Date

---

**Part II—Verification of Present Employment**

---

Applicant's spouse's date of employment: \_\_\_\_\_

Present position/title: \_\_\_\_\_

Probability of continued employment: \_\_\_\_\_

Enter current base salary and check pay period: \_\_\_\_\_

Annual: \_\_\_\_\_ Monthly: \_\_\_\_\_ Weekly: \_\_\_\_\_ Hourly: \_\_\_\_\_ Other: \_\_\_\_\_

Remarks: (If paid hourly, please indicate average number of hours worked per week. If a bonus or overtime is applicable, please indicate.)

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

\_\_\_\_\_  
Name of employer (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date