

Please Return To:
AWS Foundation, Inc.
550 NW LeJeune Road
Miami, FL 33126

AWS Foundation Student Loan Application

Amount Requested: \$ _____

AWS Member # _____

Social Security Number _____ Date _____

Applicant's Name _____

Current Address _____
Number Street Apt. No.

City _____ State _____ Zip Code _____

Home Phone Number (____) _____

RESIDENCY STATUS: Resident of _____ (State) Non U. S. Citizen _____ (Country)

If you are not a U. S. Citizen, you currently hold which type of Visa? _____

Sex: Male [], Female [], Date of Birth _____

MARITAL STATUS: Single [], Married [] (# of dependents) _____, Separated [], Divorced []

Parent / Guardian's Name _____

Parent / Guardian's Address _____
Number Street Apt. No.

City _____ State _____ Zip Code _____

Are you employed? [] Yes [] No If so, please provide the following:

EMPLOYER'S NAME _____

Employer's Address _____
Number Street Apt. No.

City _____ State _____ Zip Code _____

Employer's Phone Number (____) _____

PROPOSED SCHOOL (Institute, College, University) **NAME** _____

Proposed School Address _____
Number Street

City _____ State _____ Zip Code _____

Contact at your Proposed School _____ Phone Number (____) _____

Proposed Major Area of Study _____ Proposed Date of Graduation _____

I affirm that the information I have (will) provided on this application, or any supporting material, is (will be) complete, accurate and true to the best of my knowledge. I understand that furnishing false information may result in not being considered or revocation of financial aid at some later date.

Signature of Applicant _____ Date: _____

Signature of Guarantor (If applicant under 18 years of age) _____ Date: _____

LIST OF SCHOOLS YOU PREVIOUSLY ATTENDED (From High School though the Present)

Name of School	Street/City/State/Zip	Date Attended

Continue on separate sheet if needed.

Attach a transcript from all previous schools attended.

ACTIVITIES RECORD (Include School and Community Activities and Honors)
(Check in the space provided the school year(s) in which you participated in each activity.)

Name of Activity	11th	12th	13th	14th	Offices & Honors

Continue on separate sheet if needed.

WORK EXPERIENCE (Include present and previous employment)

Total number of hours worked per week _____

Total amount earned per week \$ _____

From (month / year)	To (month / year)	Job Description (be specific)

Continue on separate sheet if needed.

FINANCIAL AID REPORT

**** Attach a copy of your Student Financial Aid Form even if no financial aid was received ****

List previous and current educational scholarships, grants, loans, and work-study or student employment.

Date	Institution & Location	Type of Aid	Amount

LIST OF PERSONAL REFERENCES

Name	Street/City/State/Zip	Phone Number	Occupation

PERSONAL STATEMENT – Attach a supplementary sheet to give information about your ambitions, goals, background and any other factors that would assist the committee in judging your eligibility.