

# Dr. Joseph M. Blum Trust Healthcare Education Loan Application

Name \_\_\_\_\_

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

City / State / Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you Jewish?  Yes  No

Please list all Jewish synagogues, associations, agencies, social services, to which you are or have been affiliated, and the dates for each.

Dates            Affiliation/Activity

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

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

Currently enrolled       Starting date \_\_\_\_\_

Field of healthcare study/Degree program:

Medicine (MD or DO)

Dentistry (DDS or DMD)

Pharmacy (PharmD)

Podiatry (DPM)

Chiropractic (DC)

Nursing (BSN, MSN, NP, PA)

Allied Health (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Loan Amount Requested \_\_\_\_\_

Date funds are needed \_\_\_\_\_

**Your application cannot be processed until the following documents are submitted in PDF format:**

- Your most recent FAFSA form
- A transcript of your most recent grades
- A current tuition bill, or announcement of tuition charges

I hereby certify that all information provided herein is accurate and current.

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

Print name of applicant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**INSTRUCTIONS:**

To submit your Blum Trust loan application, email this completed form and the additional documents itemized above to:

BlumTrust@BlumTrust.com

**Loan Guarantee:**

If the scholarship loan is granted, the recipient and their parent(s) or guardian(s) will be required to guarantee repayment of the loan in the event the recipient defaults on the obligation.

**Life Insurance:**

If the scholarship loan is granted, you will be required to deliver to the trustees of the Blum Estate a life insurance policy on your life in at least the face amount of your loan as security for the loan, and to pay premiums thereon when due, for as long as the loan remains unpaid.