



**Opportunity Plan** inc.  
*Educational Loans and Scholarships*  
**Student Loan Application**

Opportunity Plan, Inc. (OPI) is a non-profit organization which provides financial aid to help students meet their educational expenses. This application will be reviewed by the OPI loan committee to determine whether or not an applicant qualifies for assistance through the OPI program.

Completed applications and related forms should be on file in the OPI office thirty (30) days prior to the student's anticipated enrollment. Applications received after this date will be considered only if funds are available. In most cases a personal interview will be required.

Please complete all items in the application. If a question does not apply to you, indicate with "N/A".

**\*\*Only completed applications will be processed.\*\***

**In addition to this application, the following items are required:**

1. **Letters of Recommendation:** These letters should be written by people who have known you for at least one year and who can provide a personal evaluation of your character. Forms are included in this packet for each recommender to attach to his or her letter. A minimum of three letters is required. Two recommendations should be personal and one should be from a current or former employer if possible.
2. **Academic Data:** Entering freshmen must have the counselor form completed and must also provide a high school transcript indicating final grades, class rank, and SAT or ACT scores.

**College Transcripts** will be required of all students currently enrolled in a post-secondary institution. If a student's cumulative grade point average is below 2.50, then a copy of the student's high school transcript will also be required. If a student has completed 80 or more hours of course work, a copy of his or her degree plan is requested. Applicants are also asked to submit a copy of their class schedule and bill from the institution they are attending for the semester in which aid is requested.

3. **Budget:** The budget form contained in this packet should reflect the expenses you will incur and the income you will have to put toward these expenses during the semester in which aid is requested.
4. Copy of most recent **IRS form 1040** for **both the student and parent(s)**.
5. **Financial Aid Verification:** Fill out Section A of the form contained in this packet and mail or take it in person to the financial aid office of the institution you plan to attend. A financial aid officer will complete the items in Section B and mail the form back to OPI.
6. **Guarantor Form:** All loan applicants must secure a cosigner for their student loan. If the applicant is married, the applicant's spouse cannot serve as the sole cosigner on the loan. The cosigner is responsible for making payments on the loan if the loan recipient is unable to do so. The **original**, signed guarantor form must be mailed to OPI.
7. **Proof of Insurance Coverage:** Students whose loan balances exceed \$5,000 are required to submit proof of insurance coverage in an amount equal to or above the student's loan balance and are required to have a collateral assignment within the policy(ies) which names OPI as an assignee of the policy(ies) to cover the amount of the loan balance.
8. Write a **short statement** explaining how OPI's assistance will help you achieve your educational goals.
9. Submit **one billfold size pictures** for your application file.

You will be notified of the loan committee's decision regarding the application. Retain this information sheet for your files and return all required forms to the address below.



## Loan Application Form

### General Information

Semester applying for: \_\_\_\_\_

Student's name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Referred to OPI by \_\_\_\_\_

Student's college address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Student's home address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Student's college phone # \_\_\_\_\_ Student's home phone # \_\_\_\_\_

Student's e-mail address \_\_\_\_\_

Marital status: \_\_\_ Never married \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow(er)

Spouse's name \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse's employer \_\_\_\_\_

Dependent children names and ages \_\_\_\_\_

### Education Record

Institution Attending \_\_\_\_\_

Major \_\_\_\_\_ Expected graduation date \_\_\_\_\_

Total # of semester hours completed \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_

Number of hours enrolled for this budget period \_\_\_\_\_ Degree Seeking \_\_\_\_\_

Have you filed a degree Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

### Family Information

Father's name \_\_\_\_\_ Phone number \_\_\_\_\_

Father's employer \_\_\_\_\_ Phone number \_\_\_\_\_

Father's e-mail address \_\_\_\_\_

Father's address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mother's name \_\_\_\_\_ Phone number \_\_\_\_\_

Mother's employer \_\_\_\_\_ Phone number \_\_\_\_\_

Mother's e-mail address \_\_\_\_\_

Mother's address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Names and ages of brothers and sisters \_\_\_\_\_

Number of family members who will also be attending college this year \_\_\_\_\_

Employment Record

Student's employer \_\_\_\_\_ Position \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Wage earned per hour \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (City) (State) (Zip)

Friends and Relatives

List friends and/or relatives who will always know where you are:

Name	Address (Street, City, Zip)	Phone Number	Relationship to Student

**Statement of Indebtedness:** List all debts such as auto loans, real estate loans, credit card debt, etc.

Name of Company	Reason for Debt	Balance	Monthly Payment

Do you drive a car or a truck? \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

May we use your name for publicity purposes on our website, in newsletters, etc.? \_\_\_\_ Yes \_\_\_\_ No

Hometown Newspaper: \_\_\_\_\_

I/We certify that all statements made herein are true and complete to the best of my/our knowledge and are submitted for the purpose of obtaining credit. I/We hereby authorize Opportunity Plan, Inc. to investigate any reference, credit data or statement made in connection with this application and to obtain a consumer credit report to check my/our credit standing.

Date \_\_\_\_\_

(X) \_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

(X) \_\_\_\_\_  
Signature of Parent or Spouse



**Budget Blanks for Opportunity Plan Students**

Name \_\_\_\_\_ Date \_\_\_\_\_ Semester \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Institution Attending \_\_\_\_\_

List the expenses that you expect to incur during the **UPCOMING SEMESTER** and any money that you will have available during the semester to help meet these expenses. If you have questions, please contact OPI at the contact information located at the bottom of the page.

Expenses

\_\_\_\_\_ Tuition and Fees  
 \_\_\_\_\_ Room and Board  
 \_\_\_\_\_ Books and Supplies  
 \_\_\_\_\_ Clothes  
 \_\_\_\_\_ Life/Health Insurance  
 \_\_\_\_\_ Installment Payments (Credit Cards, auto, etc.)  
 Please itemize: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Car expenses (gas, tires, etc.)  
 \_\_\_\_\_ Phone  
 \_\_\_\_\_ Rent  
 \_\_\_\_\_ Utilities  
 \_\_\_\_\_ Groceries  
 \_\_\_\_\_ Supplementary Food  
 \_\_\_\_\_ Child Care  
 \_\_\_\_\_ Miscellaneous  
 Please Itemize: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Total Expenses

Income

\_\_\_\_\_ Income from Parents  
 \_\_\_\_\_ Cash on Hand  
 \_\_\_\_\_ Savings  
 \_\_\_\_\_ Summer Earnings  
 \_\_\_\_\_ Work Income  
 \_\_\_\_\_ Federal Grants (Pell, etc.)  
 \_\_\_\_\_ Subsidized Stafford Loans  
 \_\_\_\_\_ Unsubsidized Stafford  
 \_\_\_\_\_ PLUS / other federal loans  
 \_\_\_\_\_ Scholarships (list below and indicate if renewable.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Income Tax Refund  
 \_\_\_\_\_ Social Security Benefits  
 \_\_\_\_\_ Veteran Benefits  
 \_\_\_\_\_ Other Income (Itemize Below)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Total Income

**Total Expenses:** \_\_\_\_\_  
**Total Income:** \_\_\_\_\_  
**Expenses (-) Income =** \_\_\_\_\_

**Is the difference between your incomes and expenses the amount you need to borrow?**

\_\_\_\_ Yes \_\_\_\_ No

If not, what amount do you need to borrow? \$ \_\_\_\_\_



**Letter of Recommendation Instructions**

The following instructions are intended to serve as a guideline for those who have been asked to write a letter of recommendation for an Opportunity Plan student loan applicant. Please read through this sheet carefully and then type or print the requested information.

**Name of student** \_\_\_\_\_

**Name of recommender** \_\_\_\_\_

**Address of recommender** \_\_\_\_\_  
(Street) (City) (State) (Zip)

The Opportunity Plan, Inc. is a non-profit organization which provides low-interest loans and scholarships to help college students achieve their educational goals. The student whose name appears above has applied for a student loan through the Opportunity Plan and has given your name as a source of personal recommendation. To recommend this student, we ask that you do the following:

1. Write a letter stating your personal evaluation of this student. The letter may be written in the strictest confidence or with the student's knowledge.
2. Impress upon the student his or her responsibility to repay any funds which he or she borrows through the Opportunity Plan, Inc.
3. Furnish all available information regarding the student's whereabouts if requested by a member of the Opportunity Plan staff or Board of Directors.

Signature of recommender \_\_\_\_\_ Date \_\_\_\_\_

Please mail your letter of recommendation to:

Opportunity Plan, Inc.  
P.O. Box 1035 / 504 24<sup>th</sup> Street  
Canyon, Texas 79015



**FINANCIAL AID VERIFICATION**

Opportunity Plan, Inc., a non-profit student loan organization, requires verification of state, federal, and institutional based financial aid awards for students participating in its program. Financial aid officers are asked to provide the information requested in section B for the upcoming school year. Section A will be filled out by the student.

**Section A: To be completed by the student**

School Year: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Name used at last school attended (if different from above): \_\_\_\_\_

I authorize the Office of Student Financial Aid at \_\_\_\_\_ to provide the information requested in section B. Name of college

After section B has been completed by the Financial Aid Officer, return this form to:

\_\_\_\_\_  
Student's Signature

**Opportunity Plan, Inc.**  
P.O. Box 1035  
Canyon, Texas 79015

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City, State, Zip

**Section B: To be completed by the Financial Aid Officer**

Type of Aid	Fall	Spring	Summer
Pell	\$	\$	\$
SEOG	\$	\$	\$
Texas Grant	\$	\$	\$
TPEG	\$	\$	\$
LEAP	\$	\$	\$
CWSP	\$	\$	\$
HHSL	\$	\$	\$
Perkins	\$	\$	\$
Subsidized Stafford	\$	\$	\$
Unsubsidized Stafford	\$	\$	\$
Scholarships	\$	\$	\$
Other	\$	\$	\$

Comments: \_\_\_\_\_

To your knowledge, is this student delinquent/in default on any federal student loans? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Date Authorized Signature Printed Name Title

\_\_\_\_\_  
Name of School Street Address/P.O. Box City, State Zip Phone#



## Cosigner (Guarantor) Form

### **Notice to Cosigner**

You are being asked to guarantee this debt. Think carefully before you agree to do so. If the borrower does not pay the debt, the responsibility to repay the debt will fall to you. Be sure that you are in a position to repay the debt if you have to and that you want to accept this responsibility.

You may have to pay up to the full amount of the debt if the borrower does not pay as agreed. In addition to the principal and interest portion of the debt, you may also be responsible for late fees or collection costs incurred by the borrower.

The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you as can be used against the borrower. This debt will become a part of your credit history.

This notice is not the contract which makes you liable for the debt.

If you agree to co-signing this student loan, please complete the reverse side of the form.

**Cosigner Information**

Cosigner's name \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street or box) (city) (state) (Zip)

E-mail address \_\_\_\_\_ DOB \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Monthly net income \$ \_\_\_\_\_

Sex:  male  female

Marital Status:

U.S. Citizen?  yes  no

Never Married

Texas Resident?  yes  no

Married

Veteran?  yes  no

Divorced

Separated

Widow(er)

Spouse's name \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street or box) (city) (state) (Zip)

E-mail address \_\_\_\_\_ DOB \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Monthly net income \$ \_\_\_\_\_

**Statement of Indebtedness:** List all debts such as auto loans, real estate loans, credit card debt, etc.

Name of Company	Reason for Debt	Balance	Monthly Payment

I/We certify that all statements made herein are true and complete to the best of my/our knowledge and are submitted for the purpose of obtaining credit. I/We hereby authorize Opportunity Plan, Inc. to investigate any reference, credit data or statement made in connection with this application and to obtain a consumer credit report to check my/our credit standing.

\_\_\_\_\_  
Date

(x) \_\_\_\_\_  
Signature of cosigner

\_\_\_\_\_  
Loan applicant's name

(x) \_\_\_\_\_  
Signature of cosigner's spouse