



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 the most recent IRS Form 1040 for both the student and the parents.
- 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 **three 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 # _____

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 _____

Student's employer _____ Position _____

Hours worked per week _____ Wage earned per hour _____

Employer's address _____ Phone _____
(Street) (City) (State) (Zip)

Institution Attending _____ Semester _____

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 _____

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

Spouse's name _____ Social Security # _____

Spouse's employer _____

Dependent children names and ages _____

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)



Counselor Evaluation Form
For students who have just completed high school

The Following information is requested from the loan applicant's high school counselor:

Student's Name _____

Counselor's printed name _____ Counselor's Signature _____

Please rate the applicant using the following criteria:

Scholastic Evaluation

- ___ Excellent
___ Good
___ Fair
___ Poor

Integrity, Attitude, Dependability

- ___ Excellent
___ Good
___ Fair
___ Poor

Do you feel this student is prepared, academically and emotionally, for college? ___ yes ___ no

Comments: _____

ACT Scores: ___ English ___ Math ___ Reading ___ Scientific Reasoning ___ Composite

SAT Scores: ___ Critical Reading ___ Math ___ Writing ___ Total

Class Rank: ___ out of ___ total students Grade Point Average: ___ on a ___ scale

To your knowledge, has the applicant taken the THEA test? ___ yes ___ no ___ not sure

If yes, did the student successfully complete all parts of the test? ___ yes ___ no

If no, which parts were not successfully completed? _____

Additional comments (very important): _____

I hereby grant permission for _____ High School to release information from my son's/daughter's permanent records to Opportunity Plan, Inc.

Parent or Guardian's signature _____

Note: Applicant may sign the authorization if 18 years or older.



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 _____



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 ___

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



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 cosigning 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