

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (_____) _____ FAX (_____) _____ FEDERAL TAX ID NUMBER: _____

APPLICATION SUBMITTED BY: _____ TITLE: _____ DATE: _____

IS YOUR SCHOOL A: Corporation Partnership Sole Proprietorship _____

COMPANY OR CORPORATE NAME (if different from above) : _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

TELEPHONE (_____) _____ FAX (_____) _____ FEDERAL TAX ID NUMBER: _____

COMPANY OR CORPORATE OWNERSHIP

NAME: _____ TITLE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE (_____) _____ SOCIAL SECURITY NUMBER: _____

PERCENTAGE OWNED: _____ % DATE OF BIRTH: _____

NAME: _____ TITLE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE (_____) _____ SOCIAL SECURITY NUMBER: _____

PERCENTAGE OWNED: _____ % DATE OF BIRTH: _____

If there are additional owners please list on a separate sheet and attach.

The undersigned makes the above representations, which are certified correct, for the purpose of securing credit; authorizes the financial institution to gather whatever credit and employment history it considers necessary and appropriate. I/We also authorize the financial institution to give such information to others. I/We understand that you will retain this application whether or not it is approved.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

OPERATING DATA

WHAT DATE DID YOUR SCHOOL BEGIN BUSINESS? _____

SINCE WHAT DATE HAS IT BEEN UNDER THE PRESENT OWNERSHIP? _____

IS YOUR SCHOOL STATE LICENSED OR APPROVED? _____ IF YES, IN WHAT STATE? _____ WHEN? _____

IS YOUR SCHOOL NATIONALLY ACCREDITED? _____ IF YES, BY WHOM? _____ WHEN? _____

HOW MANY CAMPUSES/LOCATIONS DO YOU OPERATE? _____ (If more than one, list on a separate sheet and attach)

WHAT IS YOUR AVERAGE NUMBER OF STUDENTS? _____ INSTRUCTORS? _____

HOW OFTEN DO NEW CLASSES BEGIN? Open-entry Weekly Monthly Average School Term _____

AVERAGE NUMBER OF STUDENTS IN EACH START? _____ AVERAGE TUITION? _____

WHAT PERCENTAGE ARE FUNDED/PAID BY VA? _____% Voc-Rehab? _____ Financial Aid? _____% Cash? _____%

OF THOSE RECEIVING FINANCIAL AID WHAT PERCENTAGE RECEIVES

Stafford Loans (GSL)? _____% Perkins Loans (NDSL)? _____% Pell Grants? _____% SEOG? _____%

OF THOSE PAYING CASH, WHAT PERCENTAGE

pay on enrollment? _____% pay-as-you-go? _____% Extended Payments _____%

NAME OF BANK: _____ TELEPHONE (_____) _____

BRANCH: _____ CONTACT: _____ TITLE: _____

ATTORNEY: _____ TELEPHONE (_____) _____

ACCOUNTANT: _____ TELEPHONE (_____) _____

DO YOU OWE DELINQUENT TAXES? NO YES*

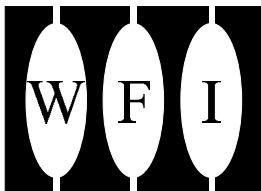
ARE YOU CURRENTLY INVOLVED IN ANY LAWSUITS? NO YES*

* If yes to either of these questions, please explain on a separate sheet and attach.

INSTRUCTIONS

PLEASE BE SURE TO INCLUDE THE FOLLOWING ITEMS:

- 1. School catalog or brochure.
- 2. Your present enrollment agreement.
- 3. Profit and Loss Statement for past two years.
- 4. Balance Sheet for past two years.
- 5. Personal Financial Statement (if not a corporation or less than 2 years in business).



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Tuition Funding Division

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