

Gateway Educational Services LLC

Application for Educational Financing

Program

Institution Name: Tri Area Driving School Program Type: #101 Class A
Amount: \$ 6400.00 Start Date: _____ Grad Date: _____

Borrower Information

Full Name (Last, First, MI) _____ Soc. Sec. Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Time at This Address: ____ Years ____ Months Occupancy Status: (Circle One) Own Rent Other

Home Phone: _____ Mobil Phone: _____ Date of Birth: _____

U.S. Citizen? (Circle One) Yes No If No, Are You a Resident Alien (Circle One) Yes No

Previous Street Address: _____ City: _____ State: _____ Zip: _____

Time at This Address: ____ Years ____ Months Occupancy Status: (Circle One) Own Rent Other

Employment

Employer: _____ Position: _____ Supervisor: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ Length of Employment: Years: ____ Months: ____ Phone: _____

Monthly Income: _____

Previous Employer: _____ Position: _____ Supervisor: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ Length of Employment: Years: ____ Months: ____ Phone: _____

Monthly Income: _____

Other Income

Monthly Amount: \$ _____ Source: _____

References (Parent or Relatives Preferred)

Full Name (Last, First, MI) _____ Relationship : _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Full Name (Last, First, MI) _____ Relationship : _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Full Name (Last, First, MI) _____ Relationship : _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Bank Information

I do do not have a current, valid checking account.

I agree to have or establish a checking account prior to graduation and furnish Gateway Educational Services LLC all ACH information upon signing for the loan. ***Loan approval requires a valid checking account.***

By signing this application I acknowledge that I am over the age of eighteen (18) years, and that all information set forth in this credit application is true. I authorize Gateway Educational Services LLC, its Representatives, Agents, or Assignee to gather what ever credit and employment information necessary for approval. I understand that loan payments to be must be by direct bank account or debit card drafts.

Applicant Signature: _____ Date: _____