

"Easy One-Page Application"

ARKANSAS RURAL ENDOWMENT FUND, INC.

1306 W. Fourth, P.O. Box 750
Little Rock, AR 72203 (1-800-232-5505) Lender #800246
www.eref.org

Application Fee \$20.00

PLEASE PRINT IN INK

County _____

School to Attend _____ Date to Begin Classes _____

Date to Finish Classes _____

Full Name _____ Sex _____ Age _____ Birth Date _____

Current Mailing Address _____

No. Street City or Town State Zip Code How many years ?

Permanent Mailing Address _____

How many years?

Marital Status _____ Dependents _____ Employer _____ Work # _____

How Long have you been a resident of Arkansas ? _____ Home # _____

Drivers License # _____ State _____ SS # _____

Educational Experience - Beginning with High School:

Name of School State Years Attended Diploma or Degree

Proposed Profession _____ Anticipated Graduation Date _____

Husband/Wife Name _____ Employer _____ Work # _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Employer _____ Employer _____

Home Phone # _____ Home Phone # _____

I certify that the information given is true and correct. I authorize release of my credit history from the credit bureau and release of any enrollment information pertinent to my loans to Arkansas Rural Endowment Fund.

Date _____ Applicant's Signature _____

Submit directly to : AREF, Inc., P.O. Box 750, Little Rock, AR 72203 or fax to 501-375-8625