

"Easy One-Page Application"

**ARKANSAS RURAL ENDOWMENT FUND, INC.**

1306 W. Fourth, P.O. Box 750 Little Rock, AR 72203-0750  
(1-800-375-2358) Lender #800246 [www.eref.org](http://www.eref.org)

**Application Fee \$20.00**

**Co-Maker Application Fee \$20.00**

Email Address \_\_\_\_\_

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 or Cell # \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ SS # \_\_\_\_\_

Educational Experience - Beginning with High School:

<u>Name of School</u>	<u>State</u>	<u>Years Attended</u>	<u>Diploma or Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 to : AREF, Inc., P.O. Box 750, Little Rock, AR 72203 or fax to 501-375-8625 or Email [www.eref.org](http://www.eref.org)