

INTEREST SUBSIDY PROGRAM

Please complete this application form and submit it to the Financial Aid Office along with a copy of your loan agreement if you wish to participate in this financing program.

APPLICANT INFO	RMATION					
FULL NAME :				STUDEN	NT ID:	
PROGRAM:						
·	UNDERGRADUATE SEMINARY		FULL TIME PART TIME			
ADDRESS:						
CITY:		PROVINC	E:	POS	POSTAL CODE :	
PERSONAL EMAI	L:			PHONE	:	
LOAN INFORMAT	ION					
LENDING INSTITU	JTION :					
LOAN AMOUNT :			LENDING RATE :		%	
available for a m A copy of the loa The student is re The interest will The loan amoun The student mus The subsidy will be p	st be enrollo naximum of an agreeme esponsible to only be sult t that the in st re-apply of oaid each ye of interest	ed in full-time studies* at Tyr three years. * excluding studies nt must be submitted to the for paying the interest on the bsidized on loans up to \$2,00 terest will be subsidized on each year that they wish to pear in a lump sum and credit subsidy received. If the stude until the end of the student's	is in the Doctor of Ministry pro Financial Aid Office for ea eir loan to the lending ins 10. (\$5,000 for B. Ed. Stud must be used towards tu articipate in this progran ed to the student's account ent applies to this progra	ogram ach year that the intitution. dents) iition costs. n. unt. Tyndale will is m during the acad	nterest will be ssue a T4A at t emic year, the	e subsidized. The end of each taxation
APPLICANT SIGN I have read and unde		terms and conditions of the I	nterest Subsidy Program	١.		
SIGNATURE :				DATE:		
AMOUNT:	SE ONLY:	INT. RATE:	NO. OF MONTHS:	тот	AL INT. SUBSI	DY:

SERVICES/BUSINESS OFFICE: