



***The Association of Former
New Jersey State Troopers
Educational Fund Incorporated
Loan Application Form***

The Association of Former New Jersey State Troopers Educational Fund, Incorporated, administers interest free loans for educational needs to widows, widowers, and dependent children of members of the New Jersey State Police who were killed, died or were retired for reasons of accidental disability, while on active duty with the New Jersey State Police. Qualified applicants shall complete the Loan Application Form and mail it attention to the Secretary, Alyson Honrath, 701 Howell Dr., Brielle, NJ 08730 email alyhonrath@gmail.com 732-513-4343. Should additional space be needed for any response, please complete and attach a separate piece of paper.

Date: _____

Applicant's Full Name: _____

Age: _____ Date of Birth: _____ Marital Status: _____

Address: _____

Telephone Number: _____

Applicant's Email Address _____

Father's Name: _____ Date of Birth: _____

Mother's Name: _____ Date of Birth: _____

Guardian Name and Address: _____

Parent/Guardian Email Address: _____

Provide a brief explanation of the goal for which you are interested and for which you need financial assistance: (If more than one choice, name them)

Describe the extent of your education to date:

Attach College Transcripts of courses taken:

YES

NO

Describe Full Time or Part Time employment during the past two years:

List name and address of the school, college or institution of higher learning to which you have applied to, been accepted to, and enrolled with. Please attach a copy of the letter of acceptance or copy of transcripts if currently attending:

What will be your total expenses for this school year (two semesters)? Give break-down of cost for each semester:

Total \$ _____

Tuitions

Fees

Books

Room and Board

Travel

Other Expenses

What are your plans in meeting this expense? Explain:

Horizontal lines for text entry.

What financial assistance do you require from the Former Troopers Educational Fund? Explain the reason for the loan amount requested:

Horizontal lines for text entry.

I, _____, the undersigned state I am without sufficient funds and do need the above stated financial assistance to further my education and I further acknowledge the above written statements are true.

Signature of Applicant

I, _____, the undersigned state I am the Mother/Father/Guardian of the above named applicant _____ and state we are without sufficient funds and the above stated financial assistance is necessary to obtain the education identified hereto and I further declare all the above statements to be true.

Signature of Mother/Father/Guardian

Guarantor: I _____ have read and understand the Loan Application Form and acknowledge understanding of the conditions of the Loan Agreement. I guarantee the full payment of the loan in the event the applicant fails to make any of the required loan payments and this obligation shall continue until the loan is satisfied and paid in full.

Signature of Guardian