BEN O BRAHAM SCHOLARSHIP LOAN RECIPIENT INFORMATION SHEET

COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT TO THE STUDENT LOAN OFFICE.

YOUR LOAN WILL NOT BE DISBURSED WITHOUT THIS FORM HAVING BEEN COMPLETED AND RETURNED

NOTICE: You have the right under social security privacy laws not to disclose your social security number, however, failure to do so will result in the cancellation of this federal student loan.

PERSONAL & CONFIDENTIAL INFORMATION: All information provided is considered confidential and will not be disclosed to anyone except an authorized agent of the University of Idaho.

Student ID Number:	Social Security Number:
Name:	Date of Birth:
Driver's License Information: State: Number:	
PERMANENT ADDRESS:	LOCAL ADDRESS:
Street (Include Apt No.)	Street (Include Apt No.)
City State Zip	City State Zip
Permanent Phone: () Sex: Male / Female Academic Level: FR / SOPH / 、	Local Phone: ()
(circle one) (circle Marital Status: Single/Married (If married, pleas (circle one) Spouse's Name:	
First MI	Last Maiden Name
PARENT/GUARDIAN INFORMATION (No matter wh	
Name	Phone ()
Address Number, Str	reet City State Zip
Parent/Guardian Employer Name	Address City/State/ZIP
BROTHERS/SISTERS or OTHERS likely to always k	now your address (NOT LIVING WITH PARENT/GUARDIAN)
NAME ADDRESS	(Street, City, State, Zip) PHONE
NAME ADDRESS	(Street, City, State, Zip) PHONE
***COMPLETE BOTH SIDES*	FOR OFFICE USE ONLY SS LS SEQ PVB D/I N/R P/Q/R \$ FALL SPRING SUMMER TOTAL