

Scofield Exit Interview Information

St. John's College, P.O. Box 2800, Annapolis, MD 21404; phone: (410) 626-2502; fax: (410) 626-2885

Name _____

Social Security Number _____ Birth Date _____

Address _____

City, State, Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Driver's License Number _____ State _____

Name, address and telephone number (include area code) of parents, guardians or next-of-kin:

Name _____ Relationship _____

Address _____

City, State, Zip Code _____ Phone Number _____

Names, addresses, telephone numbers (include area codes) and relationships of two friends or relatives (other than the person listed above) with whom you stay in touch:

Name _____ Relationship _____

Address _____

City, State, Zip Code _____ Phone Number _____

Name _____ Relationship _____

Address _____

City, State, Zip Code _____ Phone Number _____

EXIT INTERVIEW

Graduation Date _____ Withdrawal Date _____

LOAN SUMMARY/DISCLOSURE STATEMENT ATTACHED SIGN, DATE AND RETURN ONE COPY WITH THIS FORM

Student's Signature _____ Date _____

Financial Aid Administrator's Signature _____ Date _____

(Complete and Return to: Financial Aid Office; St. John's College; P.O. Box 2800; Annapolis, MD 21404
OR Fax to: 410-626-2885)

**Statement of Rights and Responsibilities
Scofield Loan**

1. I understand that I have received a loan that must be repaid in accordance with the repayment schedule/disclosure statement.
2. I understand that my loan has been reported to a national credit bureau at the time of the disbursement of the loan.
3. I understand that I must inform by mail St. John's College, POB 2800, Annapolis MD 21404-2800 or by telephone 410 626 2502):
 - a) If I withdraw from school
 - b) If I transfer to another school
 - c) If I drop below half-time status
 - d) If my name, address or social security number changes
 - e)
4. I understand that when I graduate or withdraw from St. John's College, I must complete an exit interview.
5. My first payment is due on _____ in the amount of \$_____. The full amount of my loan is \$_____.
6. I understand that I will be charged 0% interest on this loan.
7. I understand that cancellation may be granted in the event of my death.
8. I understand that I may request deferment of principal on my loan payments if I enroll for at least half-time study at an institution of higher education.
9. I understand that if I fail to repay my loan as agreed, the total loan may become due and payable immediately and legal action could be taken against me.
10. I understand that if so provided in the promissory note, the lending institution may, in the even of my failure to make any scheduled payment, assess a penalty or late charge and, in the event of my default, require me to pay all reasonable collection costs and fees.
11. I understand that I must promptly answer any communication from ACS, Inc. or St. John's College regarding the loan.
12. I understand that I may prepay at any time.
13. I understand that if I cannot make a payment on time, I must contact St. John's College to make arrangements.
14. I authorize St. John's College to contact any school that I may attend to obtain information concerning my student status, my year of study, my dates of attendance, graduation or withdrawal, my transfer to another school or my current address.
15. I understand that St. John's College is the owner of this loan and unless otherwise notified, all credit verifications, mortgage verifications and bankruptcy notices must be sent to St. John's College.

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS, AND THAT I WILL ADHERE TO THEM.

_____ **Date** _____
Signature of Student

_____ **Date** _____
Signature of Lending Institution Representative