

**STUDENT LOAN FUND
of the
NCPHA Endowment Fund
109 Church Street
Chapel Hill, NC 27516
(919) 967-2237**

Loan # _____

Date Issued _____

Students enrolled in the School of Pharmacy at Campbell University, The University of North Carolina at Chapel Hill and Wingate University may apply for a \$500 emergency loan from the NCPHA Endowment Fund. Membership in the North Carolina Association of Pharmacists is required in order to make application.

1. In accepting this loan, I promise to pay to the order of the NCPHA Endowment Fund Five Hundred Dollars (\$500.00) with the following provisions:
2. Repayment will begin no later than six months after graduation from an initial course of study at the School of Pharmacy, due on the first day of each month and shall be late on the 15th day of the month. Payments received after the 15th of the month will incur a late fee of \$15.00 which will be added to the outstanding loan balance.
3. The minimum payment due each month is \$100. Payments in excess of the minimum may be made at any time; however, the minimum payment is required each month to avoid additional charges. Failure to make the minimum payment results in default and the loan balance will become due for full repayment. If collection procedures become necessary, I agree to pay the court costs, attorney fees or other costs associated with the collection of this debt.
4. In the event of unusual or extenuating circumstances, this loan agreement may be modified by written agreement between me, the undersigned, and the Administrator of the Loan Fund.
5. In the event that I am no longer enrolled in my initial course of study at the Pharmacy School prior to graduation or otherwise fail to graduate from the program, the outstanding loan will become due for repayment.
- 6. I will notify the Administrator of the Loan Program of all changes in address, especially after graduation.**
- 7. IN ACCEPTING THIS LOAN I AGREE THAT ANY PREVIOUS LOANS FROM THE ENDOWMENT FUND WILL BE REPAID ACCORDING TO THIS NEW AGREEMENT.**

Signature _____

Date _____

Witness* _____

Date _____

* Witness must be a faculty member at the Pharmacy School, Administrator of the Loan Program or other Staff Member at the North Carolina Association of Pharmacists.

NCPHA ENDOWMENT FUND

STUDENT LOAN APPLICATION INFORMATION

Loan # _____ Date Issued _____

This \$500.00 loan is needed for:

- School Expenses
- Living Expenses
- Other (explain) _____

(please print)

Name _____ Class of _____

Campbell University UNC at Chapel Hill Wingate University

School Address _____

School Telephone _____ Social Security No. _____

Single Married (Spouse's name _____)

Home Address (or parents) _____

Home Telephone (or parents) _____

Have you had a previous loan from the Loan Fund? Yes No

Please mail check to school address home address

I certify that the loan is being used for bonafide school/living expenses while a student in my initial studies in the School of Pharmacy. I am currently a member of the North Carolina Association of Pharmacists.

Signed _____ Date _____

Witness* _____ Date _____

*Witness must be a faculty member at the Pharmacy School, Administrator of the Loan Program or other Staff Member at the North Carolina Association of Pharmacists.