

**APPLICATION FORM  
DEBT RETIREMENT ASSISTANCE  
Lake Union Conference**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
                     Street  City  State

Degree Held \_\_\_\_\_ From \_\_\_\_\_

Date conferred \_\_\_\_\_

Total amount of indebtedness for which assistance is being requested \$ \_\_\_\_\_

The obligations are as follows:

1.	_____	\$ _____	_____ %
	Name of conference, bank, etc.	Amount	Interest Rate
2.	_____	\$ _____	_____ %
	Name of conference, bank, etc.	Amount	Interest Rate
3.	_____	\$ _____	_____ %
	Name of conference, bank, etc.	Amount	Interest Rate

Repayment plans are \_\_\_\_\_

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For Conference Use Only

Name of School	Number of years of teaching (since receiving degree)
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Grade Level or Subject

Date approved by conference	Amount paid by conference
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Signature of Superintendent	Lake Union Reimbursement Amount
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For Lake Union reimbursement, this application must be accompanied by an invoice from the employing organization.