



# BLESSING-RIEMAN

## College of Nursing & Health Sciences

### Blessing Educational Revolving Fund (BERF) Loan Application

#### Student Information

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Last 4 digits of SSN: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
 Personal Email: \_\_\_\_\_

Provide the name, email, and phone number of two references who will likely be in touch with you throughout your life. By giving their names and signing the application, Blessing-Rieman College of Nursing and Health Sciences has permission to contact each reference.

1. Name: _____	2. Name: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

One (1) application is required to be on file prior to borrowing the loan. BERF applications are reviewed each semester for approval/denial.

I have read and understand the Blessing Educational Revolving Fund (BERF) Loan Policy.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Office Use Only						
Semester						
Approved (A) Denied (D)	A D	A D	A D	A D	A D	A D