

BEN O BRAHAM SCHOLARSHIP LOAN FUND

ENTRANCE INTERVIEW

The BEN O BRAHAM loan is a serious legal obligation. Therefore, it is extremely important that you fully understand and agree to adhere to your responsibilities. When you, the student borrower, sign this statement it means that you **do** understand your responsibilities, and you agree to honor them. **READ THIS VERY THOROUGHLY.**

1. I understand that I must, without exception, report any of the following changes to: University of Idaho, Student Loan Office, PO Box 444252, Moscow, ID, 83844-4252; Phone: (208) 885-5571 or (208)885-6760
 - 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 should change (e.g. marriage)
 - e) If my address or my parents address should change, for any reason
2. I understand that when I graduate, withdraw, or if I plan to not return the following semester, I must come to the Student Loan Office for an exit interview.
3. I understand that interest will accrue at the annual percentage rate of 3% on the unpaid balance in that it will begin to accrue nine (9) months after I cease to be enrolled as at least a half-time student at the University of Idaho.
4. I understand that my first monthly payment will be due ten (10) months from the time I cease to be at least a half-time student at the University of Idaho.
5. I understand that my minimum monthly payment will be at least \$30.00 and that this is a non-federal student loan which cannot be consolidated with any federal debts, including other student loans granted or guaranteed by the Federal government.
6. I understand the remaining balance of this loan will be forgiven should I die before it is fully paid.
7. I understand that I may request payments be deferred if:
 - a) I am attending an institution of higher education as at least a half-time student.
 - b) I am a member of the peace Corps, VISTA or am a full-time volunteer in a comparable tax-exempt organization not involved in proselytizing.
8. I understand that if I become financially unable to make the scheduled payments I am to contact the University of Idaho Student Loan Office immediately (before the due date of the payment(s) I cannot make) at (208) 885-5571 or (208)885-6760. I understand that I may prepay my loan at any time without penalty.
9. I understand that if I fail to repay as agreed, the total loan may become due immediately and legal action could be taken against me, and my academic and financial aid transcripts will be withheld.
10. I agree that I will promptly answer any communication from the University regarding the loan.
11. I authorize the University of Idaho to contact any school which I may attend for any of the following reasons: 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.
12. I understand this loan will be reported to at least one major credit bureau; I authorize the University of Idaho to access my credit report and/or contact any grantor of credit to obtain information about my current address or any other information necessary to collect this debt.

I ATTEST THAT I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES AND OPTIONS AVAILABLE TO ME, AND THAT I WILL ADHERE TO THEM.

DATE

SIGNATURE OF STUDENT BORROWER