



Blessing Educational Revolving Fund (BERF) Loan Disclosure Form

Section 1: General Information

- BERF Loans are subject to budgetary funding limits.
- Interest rates are reviewed annually.
- BERF is a Blessing Health System employee benefit that is subject to change at any time.
- Employment at Blessing Health System is not guaranteed to BERF borrowers.
- I acknowledge that the requested loan will be used for educational purposes only and may be subject to the limitations on dischargeability in bankruptcy contained in section 523(a)(8) of the United States Bankruptcy Code.

Student Initial: _____

Section 2: Eligibility

On-Campus Students

- Students receiving financial aid through Blessing-Rieman College of Nursing and Health Sciences.

Distance Education/Online Students

Must have a permanent address within a 65-mile radius of the College.

Student Initial: _____

Section 3: Allowable Expenses/Loan Limits

Allowable Expenses

- Tuition, required fees, and up to \$1,000/semester in books.

Loan Limits

Students may borrow up to 100% of loan eligibility calculated after the following have been applied:

- State of Illinois Monetary Award Program (MAP) funds
- Pell Grants
- All other scholarships and grants

Student Initial: _____

Section 4: Deferment/Repayment/Forgiveness

Deferment

- Students must complete a deferment request form if enrolled at least half-time in any institution of higher education.

Repayment

- Students not meeting forgiveness criteria have a grace period of 6 months before repayment begins.

Forgiveness

- Forgiveness eligibility guidelines are provided in the Blessing Hospital HR Policy, *Loan and Forgiveness-Blessing Educational Revolving Loan*.

Student Initial: _____

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

Student Signature

Date



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