



Nagahara Flutes/NNI Inc.



131 STEDMAN STREET ~ UNIT 7 ~ CHELMSFORD, MA 01824
PHONE: 978 458 1345 FAX: 978 458 1349 EMAIL: INFO@NAGAHARAFLUTES.COM

Student Loan Program ~ Application Form

APPLICANT'S NAME: _____
(first) (middle) (last)

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

HIGH SCHOOL: _____

ADDRESS: _____

TOWN/CITY: _____ **STATE:** _____ **ZIP CODE:** _____

YEAR OF GRADUATION: _____

GPA: _____ **SAT:** _____ **OTHER:** _____

COLLEGE (CONSIDERING/ENROLLED IN): _____

MAJOR: _____ **EXPECTED YEAR OF GRADUATION:** _____

SEMESTER(S) COMPLETED: _____ **GPA:** _____

SCHOLARSHIPS/GRANTS: _____

SPECIAL AREA(S) OF STUDY: _____

RELATED ACTIVITIES: _____

YEARS OF MUSICAL EDUCATION: _____

FLUTE/MUSIC TEACHER(S): _____

PERFORMANCE BACKGROUND/EXPERIENCE: _____

ENSEMBLE/SOLO COMPETITION AWARDS: _____

ARE YOU A U.S. CITIZEN? _____

CAN YOU PROVIDE A PASSPORT OR VISA UPON REQUEST? _____

PERSONAL REFERENCES *(Name – Address – Phone Number)*

1. _____

2. _____

3. _____

APPLICANT'S CREDIT REFERENCES *(Please provide Bank/Creditor's Name, Address, and Phone number)*

1. _____ **ACCOUNT #:** _____

2. _____ **ACCOUNT #:** _____

3. _____ **ACCOUNT #:** _____

INSTRUMENT MODEL CONSIDERED FOR PURCHASE: _____

PRICE: US \$ _____

DOWN PAYMENT: (at least 30%) US \$ _____

REQUESTED LOAN AMOUNT: US \$ _____

LOAN PERIOD: _____ months (maximum 36 months)

PAYMENT PREFERENCE: () MONTHLY () QUARTERLY

I have read and understand the Nagahara Flutes Student Loan Program Application Form. I would like to be considered for a student loan of up to (but no more than) \$10,000 to be paid back in full within three years at a fixed interest rate of 3.2%. I understand that there is a limited number of loans granted per year and that my application does not guarantee a loan. If accepted for the program, I agree to make monthly payments (or quarterly payments) at 3.2% interest, and abide to the penalty fee policy for late payments. All the information I have provided is accurate and true to the best of my knowledge and I agree to allow Nagahara Flutes/NNI Inc. to process and verify the information in this form.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINT NAME: _____

THIS SECTION IS FOR APPLICANTS UNDER THE AGE OF 18 ONLY

The parent(s) and/or guardian(s) of the applicant above agree(s) to allow Nagahara Flutes/NNI Inc. to process and verify the information in this form.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PRINT NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PRINT NAME: _____

**At least one signature is required above for all applicants under the age of 18. If the application is approved and a loan is granted, two cosigners will be required in the final contract.*

Please mail or fax to:

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PHONE: 978 458 1345 FAX: 978 458 1349 EMAIL: INFO@NAGAHARAFLUTES.COM

Office use only:

Date received: _____ Application No: _____ Approved : yes no Date of notification: _____