

**Clifford E. and Melda C. Snyder  
Loan Fund  
APPLICATION DUE DATE IS APRIL 15**

**Purpose**

The Clifford E. and Melda C. Snyder Loan Fund was established under the Last Will and Testament of Melda C. Snyder who died on March 18, 1987. The income of the fund is to be used, in memory of Clifford E. and Melda C. Snyder, for interest free loans to students pursuing an education in agriculture or a related field.

**Amount**

The minimum loan award each year is \$2,000 per recipient. The maximum award depends upon the number of eligible applicants and available funds.

**Eligibility**

Recipients of the loans must be high school graduates who resided in Hunterdon County for at least five years immediately prior to graduation. They must be pursuing an education, undergraduate or graduate, in the field of agriculture or fields of related study such as veterinary medicine, agricultural research, food science, farm machinery and general research in agricultural subjects. Recipients shall not be limited to attendance to any specified college. Enrollment may be in a 2 or 4 year college, or a vocational/technical institute, in or outside the United States.

**Criteria**

- Recipients will be selected on the basis of academic record, extracurricular accomplishments, related work experience, career goals, or an evaluation from a teacher/advisor, employer or leader of agricultural related activity.
- FFA and/or 4-H involvement preferred.
- Letter of verification of acceptance into education program issued by the school.
- This application must be completed in full. Incomplete applications will not be considered for a loan award.

**Selection Committee Members:**

**A minimum of:**

- 1 Representative of Hunterdon County Agricultural Teachers
- 1 Representative of Hunterdon County 4-H
- 3 Representatives of Hunterdon County Board of Agriculture

Committee members shall be designated by the governing board of their organization and serve for a three year term.

## Loan Funds

### *Interest Rate and Other Requirements*

- No interest will be due if the loan is paid on schedule.
- Parents are required to sign the promissory note and the acknowledgement form found as pages 8 and 9 of this application. Parents are responsible for the loan payments if loan recipients default on payment.
- Applicants must attach a copy of their current driver's license to this application.
- If a monthly payment becomes more than 30 days past due, interest will accrue on the entire unpaid balance until the note is paid in full. Interest will be charged at a fixed annual percentage rate which will be the highest prime rate as published in The Wall Street Journal on the first business day of the month in which the payment became more than 30 days past due plus a margin of 2 percentage points.

### *Repayment Schedule with example of monthly repayment amounts.*

- The Repayment Period will begin one year after college completion. The repayment is five years (5 years/60 months). **Exceptions can be made for full time students continuing for more than 4 years of higher education.** All loans from the Loan Fund will be consolidated under one account for repayment purposes.
- Loan recipients **are required** to notify the fund within 30 days of their graduation. You must also notify the fund if you continue to **graduate school** if you want to postpone the payment start date until one year after graduation.
- When payments begin on the loan amount, the monthly payment will be calculated by dividing the total amount of all loans divided by 60 months. For example:

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If the total of all loans is:	Then each month the payment will be:
\$ 3,000.00	\$50.00/month (\$3,000 divided by 60)
\$ 8,000.00	\$133.34/month (\$8,000 divided by 60)
\$15,000.00	\$250.00/month (\$15,000 divided by 60)

## Application Due Date

Applications must be submitted each year to the address below and postmarked by **April 15** to be considered.

## Mailing Address

*As to Scholarship Applications and all communications with the Fund.*

Snyder Scholarship Fund  
Hunterdon County Board of Agriculture  
P.O. Box 2327  
Flemington, NJ 08822

**CLIFFORD E. AND MELDA C. SNYDER LOAN FUND APPLICATION**

(Print clearly and boldly – blue or black ink)

**Note: Applications must be submitted each year to the Loan Fund.**

Name of applicant \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Street City/Town State Zip

Phone number \_\_\_\_\_ Cell phone: \_\_\_\_\_

High school you attend(ed) \_\_\_\_\_ email address \_\_\_\_\_

Social security number \_\_\_\_\_ Date of birth \_\_\_\_\_

Residence for the past five years

From (date)	To (date)	Address

GPA (most current) \_\_\_\_\_ Best SAT V \_\_\_\_\_ M \_\_\_\_\_ Class Rank \_\_\_\_\_

Please list your most important activities both school and community:

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Please list FFA/4H Activities.

Activity (year)	Local Club/ Chapter	Area/District Responsibilities	Leadership Positions
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Awards/Recognitions (use additional page if more space is needed)

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### EDUCATIONAL PLANS

What type of school do you plan to attend: \_\_\_\_\_  
(4 year college, 2 year college, Business, Vocational, Technical, Graduate)

Name of school you will attend in the fall (if you know now)  
\_\_\_\_\_

Current college students please indicate the grade level you are entering when the new school year starts in September.

Freshman\_\_\_\_\_ Sophomore\_\_\_\_\_ Junior \_\_\_\_\_ Senior\_\_\_\_\_ Graduate\_\_\_\_\_

Proposed major\_\_\_\_\_ Length of program\_\_\_\_\_

Future career plans\_\_\_\_\_

Please list the colleges to which you have applied. Indicate with "A" accepted, "R" rejected "W" withdrew prior to decision, "WL" wait list or "N" not heard yet.

College/School	Application Status
_____	_____
_____	_____
_____	_____
_____	_____

### FINANCIAL DATA and FAMILY STATUS

Please estimate annual expenses of education

Tuition \_\_\_\_\_

Room/Board \_\_\_\_\_

Books/fees \_\_\_\_\_

Travel \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

	Present Occupation	Where Employed	Annual Income
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Father

Mother

List any additional sources of parental income such as rent, alimony, child support, etc.

Parent	Source	Annual Income
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List your prior year IRS net student income \$ \_\_\_\_\_

Please list sources and funds received or to be received from scholarships, loans, grants, gifts, jobs etc. for educational expenses.

Source	Amount
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Please indicate other members of your family

Name	Age	College Student (yes/no)	Employed (yes/no)
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Sibling \_\_\_\_\_  
 Sibling \_\_\_\_\_  
 Sibling \_\_\_\_\_  
 Sibling \_\_\_\_\_

Please list any unusual circumstances you feel should be taken into consideration  
 (emergency expenses, medical expenses, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### REFERENCES

Please list at least **three** references that are **not family members**.

Name	Address	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

### PERSONAL STATEMENT

Please explain why you feel you should be selected as a recipient of a loan under the Snyder Loan Fund. Please feel free to use an additional sheet of paper.

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### **CERTIFICATIONS AND AUTHORIZATIONS**

- I understand that I will only be eligible to receive additional loans from the Clifford E. and Melda C. Snyder Loan Fund (“Loan Fund”) when I enroll in and maintain my enrollment in courses in the field of agriculture or related fields including veterinarian medicine, agricultural research, food research, farm machinery research and general research in agricultural subjects.
- I understand that I must be 18 years of age to sign the Promissory Note and Loan Agreement (“Note”) for a Loan Fund loan and that if I am not 18 years old, I will notify the Scholarship Fund before signing any Note.
- I authorize the Loan Fund Committee, or its agents, to investigate my credit record and references.
- I authorize any school in which I am enrolled to release any and all academic records to the Loan Fund, or its agents, upon their request.
- I understand that I am applying for an interest free loan, NOT a gift, grant or scholarship.
- I certify that the statements in the Application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made by me on the Application will result in my ineligibility for the Loan Fund loan.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

#### **Certification of Parents or Guardian**

We hereby declare that we have read the answers contained in this application and that they are true and correct to the best of our knowledge and belief.

Address of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

ACKNOWLEDGEMENT FORM

NOTICE TO CO-BORROWER/CO-SIGNER

You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure you can afford to pay if you have to, and that you want to accept this responsibility.

You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount.

The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become part of **your** credit record.

This notice is not the contract that makes you liable for the debt.

_____	_____	_____	_____
Borrower	Date	Co-signer	Date
		_____	_____
		Co-signer	Date



CLIFFORD E. AND MELDA C. SNYDER SCHOLARSHIP **LOAN FUND**

PROMISSORY NOTE AND LOAN AGREEMENT

**PROMISE TO PAY.** For value received, I promise to pay to the order of the Clifford E. and Melda C. Snyder Scholarship Loan Fund ('LOAN FUND') the principal sum of \$\_\_\_\_\_ dollars together with interest as it may become due in accordance with this note. (Note: The Snyder Fund Committee will fill in the amount).

**REPAYMENT PERIOD.** The Repayment Period will be the period of time set for me to repay all of my loans from the Loan Fund. The Repayment Period will begin one (1) year from the date I complete my undergraduate college education. The Repayment Period is five (5) years (60 months). My loans from the Loan Fund will be consolidated under one account for repayment purposes. The consolidated monthly payment amount for these loans will be set at the beginning of the Repayment Period. The Loan Fund will notify me of this amount at that time. The last payment I make on my consolidated loan will be the amount necessary to pay it in full and it may be more or less than the regular monthly payment amount. Each payment will be applied first to any accumulated interest due and then to the principal of the loan.

**DEFAULT.** This note will be in default without notice to me and the entire balance will be due and payable immediately if (1) any monthly payment is more than 45 days past due; (2) any statement on my loan application is false or misleading; (3) I die, or (4) I become bankrupt or insolvent.

**INTEREST.** This is an interest free note until any monthly payment becomes more than thirty (30) days past due. At that time, interest will accrue on the entire unpaid principal balance until the note is paid in full. Interest will be charged at a fixed Annual Percentage Rate which will be the highest prime rate as published in the Wall Street Journal on the first business day of the month in which the payment became more than thirty (30) days past due plus a margin 2 percentage points.

**COLLECTION COSTS.** If you sue me to collect this note, I will pay all court costs permitted by law plus reasonable attorney's fees which I agree will be 20% of the outstanding balance of the loan.

**THIS IS A LOAN THAT MUST BE REPAYED. IT IS NOT A GIFT, GRANT OR SCHOLARSHIP.**

Witness:  
\_\_\_\_\_

**Borrower:**  
SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness:  
\_\_\_\_\_

**Co-signers:**  
SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

**CO-SIGNER MUST ALSO SIGN THE ACKNOWLEDGMENT FORM ON PAGE 8.**

**VERIFICATION FORM**

CLIFFORD AND MELDA SNYDER SCHOLARSHIP LOAN FUND

Verification of student information for the school year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Your social security number: \_\_\_\_\_

Your college identification number: \_\_\_\_\_

College or University you will attend: \_\_\_\_\_

Address of College or University: \_\_\_\_\_

\_\_\_\_\_

Your phone at the college or university \_\_\_\_\_

Date: \_\_\_\_\_

**Please direct questions to John Hargreaves, Executive Director at 908-534-9236.**

**Completed application must be returned by April 15 to:**

Snyder Scholarship Fund  
Hunterdon County Board of Agriculture  
P.O. Box 2327  
Flemington, NJ 08822

**Applications must be postmarked no later than April 15 of this year to be considered.**

**If you are a successful candidate for a loan this year and wish to continue receiving loans from the Snyder Loan Fund, YOU MUST RE-APPLY EVERY YEAR.**

### **CHECKLIST**

Please make sure the application is complete. Incomplete applications will not be considered.

\_\_\_\_\_ Promissory Note/ Loan Agreement signed by applicant & witnessed. (pg 9)

\_\_\_\_\_ Promissory Note/ Loan Agreement signed by Parent(s) or Guardian and witnessed. (pg 9)

The bank will fill in the amount of the loan if you are a successful candidate for a loan.

\_\_\_\_\_ Acknowledgement Form signed by Parent(s) or Guardian (pg 8)

\_\_\_\_\_ Scholarship application signed by applicant (pg 7)

\_\_\_\_\_ Application Certification signed by parents/guardian (pg 7)

\_\_\_\_\_ Form W-9 required by bank filled in and signed by student (pg 12)

\_\_\_\_\_ Copy of applicants current drivers license attached.

**First Hope Bank – Trust Division**  
**CUSTOMER INFORMATION PROFILE**

Account Name: CLIFFORD & MELBA SNYDER SCHOLARSHIP LOAN FUND

YOUR NAME: \_\_\_\_\_

Occupation: Student

Telephone Number: (Home) \_\_\_\_\_ (CELL) \_\_\_\_\_

**Form W-9** Request for Taxpayer Identification Number and Certification  
 (Rev. January 2011)  
 Department of the Treasury  
 Internal Revenue Service

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return) \_\_\_\_\_

Business name/disregarded entity name, if different from above  
N/A

Check appropriate box for federal tax classification (required):  
 Individual/sole proprietor  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Exempt payee  
 Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) \_\_\_\_\_  
 Other (see instructions) \_\_\_\_\_

Address (number, street, and apt. or suite no.) \_\_\_\_\_  
 City, state, and ZIP code \_\_\_\_\_

Requester's name and address (optional)  
**FIRST HOPE BANK**  
**161 NEWTON SPARTA ROAD**  
**NEWTON NJ 07860**

List account number(s) here (optional)  
N/A

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3. **ENTER Soc. Security #**

Notes: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
 [ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Employer identification number  
 [ ][ ] - [ ][ ][ ][ ]

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here: Signature of U.S. person  Date

