

Women's Giving Circle Loan Application

Gifted by The Women's Giving Circle of Heritage Fund – The Community Foundation of Bartholomew County

Administered through Lincoln-Central Neighborhood Family Center

Date: _____
Applicant Name (please print): _____
Address with Zip Code: _____
Contact Number: _____ Alternate Number (required): _____
DOB: _____
SS#: _____

Other household residents: _____ No other residents in the household _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

Reason for loan: _____

Amount requested: _____

What monthly payment is realistic for you until the loan is repaid in full?

Applicant Signature: _____
Date of Signature: _____

To Be Filled Out by Referring Organization

Organization Name: _____
Organization Contact: _____
Contact Signature: _____
Contact Phone Number: _____ Email Address: _____
Notes: _____

For LCNFC use only

Date received: _____
Notes: _____

Approved: Y N Staff Initials: _____

RETURN APPLICATION TO:

Lincoln-Central Neighborhood Family Center
1039 Sycamore Street ~ Columbus, Indiana 47201 ~ (812) 379-1630
www.lcnfc.org