



ANNUAL APPLICATION FORM

Last Name _____ First _____ MI _____
 Social Security# (last 4 digits) XXX-XX-_____ Driver's License#: _____ State Issued _____
 P.O. Box/Street _____ Apt# _____
 City _____ State _____ Zip _____ E-mail _____
 Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____

LOAN INFORMATION:

Applying for Lela Rebate: From: ____/____/____ to: ____/____/____ Year in Repayment: Yr 1 Yr 2 Yr 3
MM DD YY MM DD YY

Loan Number	Loan Type: Subsidized or Unsubsidized Stafford Grad Plus	Original Loan Amount	Academic Year Loan Applies To	First Disbursement Date	Repayment Begin Date
Loan # 01					
Loan # 02					
Loan # 03					
Loan # 04					

Note: For additional loans, please attach an 8½" by 11" sheet, using the same format as above.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Employed by: _____
 Employee Address: _____ City/State: _____
 Work Number: (____) _____ Name of Supervisor: _____

PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS:

- Copy of Degree (Disregard if previously submitted)
- Copy of Valid Louisiana Driver's License
- Copy of Most Recent W-2 form or Pay Stub

 Applicant Signature Date

PLEASE RETURN ORIGINAL AND COPIES OF DOCUMENTATION TO:

Lela
 2237 South Acadian Thruway - Suite 650
 Baton Rouge, Louisiana 70808
 Toll Free PH: (800) 228-4755 • www.lela.org
 Direct: 225-923-0020 Fax: 225-923-0021

Lela Office Use Only:	
Date Received: _____	Date Processed: _____
Date Verified Employment: _____	Verified Degree: _____
Loan Amount Approved: \$ _____	Rebate Amount Approved: \$ _____
Rebate Year: <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3	
Approved by: _____	Date Approved: _____
Denied by: _____	Date Denied: _____

