



**ANNUAL APPLICATION FORM for 20\_\_**

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](http://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:  Yr 1  Yr 2  Yr 3  
 Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 Denied by: \_\_\_\_\_ Date Denied: \_\_\_\_\_

