

**NCAP Endowment Fund
Student Loan Applicant Information**

Name _____ Class of _____

- Campbell University UNC at Chapel Hill
Wingate University High Point University

Current/Local Address _____

Reference's Address (or Parent's) _____

Reference's Telephone (or Parent's) _____

Cell Phone Number _____ Social Security Number _____

School Email _____

Personal Email _____

Single Married (Spouse's Name: _____)

Loan Amount Requested: \$500 **OR** \$1000

Please mail check to: Current/Local Address Reference's Address

I attest that I am a fourth year Doctor of Pharmacy Candidate NCAP member at one of the above Schools.

I certify the following documents are enclosed with my loan application and that failure to do so will result in a delay of application review.

- Photocopy of a valid NC Driver's License or state issued ID
- Proof of **fourth year enrollment** in a NC Doctor of Pharmacy Program on School Letterhead

Full Legal Name (please print) _____

Signed _____ Date _____

To be used by the NCAP office:	
Loan # _____	Date Issued _____