

**RUTH GOSNELL EDUCATION FUND
FINANCIAL STATUS REPORT**

After graduation, this form is to be completed and sent to the address noted below every SIX months or as changes occur to your financial status, until such time as the loan is paid in full.

BORROWER INFORMATION

Name: _____ **Date:** _____

Address: _____

Telephone/Cell No.: _____ **Graduation Date:** _____

E-Mail Address: _____

Total Amount of Loan _____

Monthly Payment: _____ (In accordance w/"Terms of Agreement")

EMPLOYER INFORMATION

Employer: _____ **Telephone:** _____

Supervisor: _____ **Telephone:** _____

Address: _____

Gross Monthly Income: _____ **Employment Date:** _____

Please send payment to: RGEF
c/o: Springfield Presbyterian Church (U.S.A.)
7300 Spout Hill Road
Sykesville, MD 21784
RGEF Telephone: 410-795-6152

e-mail: office@springfield-church.org; website: www.springfield-church.org

Deviation from this procedure must be requested in writing and approved by the RGEF Board.

Signature: _____

Date: _____