



**CHARLES H. TWEED INTERNATIONAL FOUNDATION FOR ORTHODONTIC RESEARCH  
TWEED STUDY COURSE TUITION LOAN APPLICATION**

I hereby acknowledge receipt of a Tweed Course tuition loan in the amount of **\$1,600**. No interest is charged on the loan until one year after completion of my graduate orthodontic program in the United States or Canada. I may repay the loan in full within the first year following my graduation with no interest or penalty. If the loan is not paid in full within the first year after my graduation, interest on the remaining balance will be 8% (eight percent) simple interest on the unpaid balance. The loan must be paid in full within two years after repayment starts. Payments may be made monthly, quarterly, or semi-annually. \*Minimum payment amounts must be \$100.00 monthly, or \$300.00 quarterly, or \$600.00 semi-annually until the balance is paid in full. **ONLY U.S. OR CANADIAN CITIZENS (NOT RESIDENTS) WITH A RELATIVE LIVING IN THE U.S. OR CANADA ARE ELIGIBLE FOR THE LOAN.**

**SUBMIT THIS LOAN APPLICATION BY MAIL, EMAIL, OR FAX TO:**

Charles H. Tweed International Foundation  
2620 E. Broadway Blvd.  
Tucson, Arizona 85716  
FAX: 520-326-1163  
EMAIL: [chtweed@aol.com](mailto:chtweed@aol.com)  
PHONE: 520-326-6002

TWEED COURSE DATES: \_\_\_\_\_ CITIZEN OF UNITED STATES \_\_\_\_\_ CITIZEN OF CANADA  
\_\_\_\_\_

**LOAN REPAYMENT SCHEDULE:**

ORTHODONTIC PROGRAM GRADUATION DATE: (MM/YY) \_\_\_\_\_ SCHOOL \_\_\_\_\_

DATE FIRST PAYMENT WILL BE MADE: (MM/YY) \_\_\_\_\_

APPLICANT AGREES TO PAY: MONTHLY \$ \_\_\_\_\_ -OR- QUARTERLY \$ \_\_\_\_\_ -OR- SEMI-ANNUALLY \$ \_\_\_\_\_

*\*Minimum payment amounts must be \$100.00 monthly, or \$300.00 quarterly, or \$600.00 semi-annually until the balance is paid in full.*

**LOAN PAYMENTS WILL BE MAILED TO:**

Charles Tweed Foundation, c/o Dr. James L. Vaden, 308 East First Street, Cookeville, TN 38501, Phone: 931-526-3717. You will receive mail to remind you of your payment schedule and agreement. It is your responsibility to keep your address current in case you move. Call Dr. Vaden's office at 931-526-3717 with any changes or for payment questions.

**\*SIGNATURE OF APPLICANT** \_\_\_\_\_ DATE (DD/MM/YY) \_\_\_\_\_

*\*By signing applicant agrees to the terms and conditions as stated in this loan agreement.*

**NAME AND RESIDENCE MAILING ADDRESS WHILE IN SCHOOL:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ *If preferred, you may call the office at 520-326-6002 to provide your SSN.*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CONTACT INFORMATION FOR UNITED STATES OR CANADIAN RELATIVE *NOT* LIVING AT YOUR ADDRESS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street City State

Zip Code

Relative's Home Phone \_\_\_\_\_ Relative's Cell Phone \_\_\_\_\_