

**CHARLES H. TWEED INTERNATIONAL FOUNDATION FOR ORTHODONTIC RESEARCH**

**TWEED STUDY COURSE TUITION LOAN\***

I hereby acknowledge receipt of a Tweed Course tuition loan in the amount of \$\_\_\_\_\_. I understand that no interest is charged on the principal until one year after my completion of an accredited graduate orthodontic program in the United States or Canada. If I repay the loan prior to one year after completion of my graduate program, I will be charged no interest. If the tuition loan is not paid in full within the first year after my program completion, interest on the remaining balance will be 8% (eight percent) simple interest on the unpaid balance. The loan is to be totally repaid, monthly, quarterly, or semi-annually, within two years after repayment starts, with the payment being at least \$100.00 per month until balance is paid in full.

GRADUATION DATE: \_\_\_\_\_ SCHOOL \_\_\_\_\_

TWEED COURSE DATES: \_\_\_\_\_

**SUBSEQUENT PAYMENT SCHEDULE**

DATE OF FIRST PAYMENT \_\_\_\_\_ MONTHLY PAYMENT AMOUNT \_\_\_\_\_ (At least \$100/month)

MONTHLY \_\_\_\_\_ QUARTERLY \_\_\_\_\_ SEMI-ANNUALLY \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE PRINT YOUR NAME AND PERMANENT MAILING ADDRESS:**

Name \_\_\_\_\_

Street \_\_\_\_\_

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

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**INFORMATION OF RELATIVE NOT LIVING AT YOUR ADDRESS: (REQUIRED FOR LOAN)**

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

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_

Citizenship: United States \_\_\_\_\_ Canada \_\_\_\_\_

**\*ONLY U.S. OR CANADIAN CITIZENS ARE ELIGIBLE FOR THE LOAN. THE MAXIMUM AMOUNT ALLOWED IS \$1,600.**

**MAIL OR FAX THIS LOAN APPLICATION TO:**

**Charles H. Tweed International Foundation  
2620 E. Broadway Blvd.  
Tucson, Arizona 85716  
Telephone: 520-326-6002  
FAX: 520-326-1163**

**REMIT LOAN PAYMENTS TO:**

Charles Tweed Foundation  
c/o James L. Vaden  
308 East First Street  
Cookeville, TN 38501  
Phone: 931-526-3717