

Washington County Charitable Foundation, Inc.

Hope Fund Loan Agreement

The Hope Fund is a forgivable loan program to assist selected students with their education expenses at an accredited University. If the student completes the semester with satisfactory grades, the loan is forgiven, with no payment required.

Student's Name:

Student ID #:

Street Address:

Apt. Number:

City:

State:

ZIP:

Telephone Number:

Email:

Loan Amount: \$1,000: = \$500 per semester

Semester/Academic Year: 2025/2026

By signing below, I agree to accept the loan from the Hope Fund to assist me with my education expenses my UW System University. I understand that if I finish the semester with a grade point average (GPA) of 2.0 or higher, the loan will be forgiven. I further understand that if I fail to finish the semester or do not receive a GPA of 2.0 or higher, I will be required to repay the loan per the following terms.

Loan Terms Due Date: If the conditions for the Hope Fund are not met, the loan is due within 30 days of the last day of school for the semester.

Service Charges: If the loan is paid in full within 30 days of the last day of school for the semester, no service charges will be due. If not paid within the 30 days, there will be a 1% service charge for each 30 days the loan is outstanding.

Failure to Pay: The Washington County Charitable Foundation retains a third-party collection agency to collect past due loan balances.

WCCF respects your privacy, however in our attempts to maintain continued financial support for the HOPE Scholarships, it's important that the public is made aware of the good that they are doing in our community.

Please read & choose (highlight) one of these four disclosure options:

- YES My name and hometown may be released as a HOPE Scholarship recipient AND I am willing to speak with a campus representative about how these funds are much needed and appreciated. Please contact me by email OR phone best time to call _____
- YES My name and hometown may be released as a HOPE Scholarship recipient.
- NO I prefer that my name not be released, but a reference to my circumstances is okay.
- NO I prefer that my name not be released and no reference to my circumstances is made.

Signature of Student: _____

Date: _____



Office Use Only:

Approved By:

Date:

Amount: \$

Check #

Amount: \$

Check #

Verification Conditions:

Loan Forgiven _____

Loan Due (Not forgiven) _____

Notice Sent: _____