



**STUDENT DEBT REDUCATION APPLICATION FORM  
- DEADLINE: October 11, 2024 -**

Name of Member: \_\_\_\_\_  
Last First Middle

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Graduation: \_\_\_\_\_  
School Year

Member Employed By: \_\_\_\_\_

Balance of Loan as of the date of this application: \_\_\_\_\_

Loan Institution: \_\_\_\_\_  
Name & Address

- Graduated in the last 3 years (2022 – 2023 – 2024)
- Member of the SEMVMA (Membership will be verified through the SEMVMA Office)
- Have active student loan debt that can be verified from a lending institution.
- Have not received the award in the past.
- Work in one of the 9 counties (Wayne, Oakland, Macomb, Washtenaw, Monroe, Livingston, Lapeer, Genesee, St. Clair).

Signature of Member: \_\_\_\_\_

Date

My signature attests that I fulfill all requirements as listed above