



**SCHOOL LOAN APPLICATION**  
Southern Union Revolving Fund, Inc.  
P.O. Box 923868 Norcross, GA 30010-3868  
Ph. 770-408-1800 Fax: 770-408-1801

**1. General Information**

Sponsoring Conference: \_\_\_\_\_ Date: \_\_\_\_\_

Borrowing Organization: \_\_\_\_\_

ANT # \_\_\_\_\_ E-Adventist.org Name: \_\_\_\_\_ Website: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

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

School Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Receiving Statements: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Project Information**

Project Type:  Purchase  Construction  Renovation

Project Description: \_\_\_\_\_

Estimated Project Cost: \$ \_\_\_\_\_ Construction Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**3. Loan Information**

Requested Amount: \$ \_\_\_\_\_ Term: \_\_\_\_\_

Terms as follows:

\*New purchases or new construction-maximum 240 months (20 years)

\*Renovations-maximum 180 months (15 years)

- **You are required to attach last 2 years audited statements and most recent interim statements.**

**Required Signatures**

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
School Board Chair

**4. Plan of Finance**

| <u>Source of Funds:</u>                       | <u>Estimated Project Costs:**</u>                            |
|---|--|
| (+)Land Value: _____                          | Land to be Purchased _____                                   |
| (-)Balance Owed: _____                        | Architectural Fees _____                                     |
| (=) Equity (subtotal): _____                  | Construction Costs _____                                     |
| Cash on hand for project: _____               | Equipment Costs _____  |
| Conference Appropriation _____                | Bldg. Purchase Costs _____                                   |
| Subtotal _____                                |  |
| SURF Loan* _____                              |  |
| Other _____                                   |  |
| Total Funds Available _____                   | Total Estimated Costs _____                                  |
| <b>*Cannot be greater than 65% of project</b> | <b>**Must be less than or equal to total funds available</b> |

**Conference Guarantor**

Signature \_\_\_\_\_  
Conference Treasurer

Print Name \_\_\_\_\_

Date of Committee Action: \_\_\_\_\_

Within NAD Working Policy?  Yes  No

Amount Authorized: \$ \_\_\_\_\_

**SURF Committee:**  Approved  Denied

Date: \_\_\_\_\_ Action # \_\_\_\_\_

Signature \_\_\_\_\_  
SURF Treasurer

Print Name \_\_\_\_\_