



www.teenchallenge.net
email: info@teenchallenge.net

Administrative Office
mailing address:
P.O. Box 24309
San Jose, CA 95154-4309
shipping address:
4608 Meridian Ave.
San Jose, CA 95124
(408) 445-0661
Fax: (408) 445-0651

Southbay Teen Challenge

Alum Rock Women
& Children's Center
4601 Alum Rock Ave.
San Jose, CA 95127
(408) 272-4416
Fax: (408) 272-8729

Asbury Family Center

444 N. 26th St.
San Jose, CA 95116
(408) 293-2050
Fax: (408) 293-1984

Thrift Store

2127 S. Winchester Blvd.
Campbell, CA 95008
(408) 445-0661

Teen Challenge of Eastbay

Oakland Men's Center
P.O. Box 5097
Oakland, CA 94605
(510) 562-1141
Fax: (510) 562-5035

No. Nevada Teen Challenge

Sparks Adolescent Center
P.O. Box 1136
Sparks NV 89432-1136
(775) 424-6777
Fax: (775) 424-3026

So. Nevada Teen Challenge

Las Vegas Men's Center
P.O. Box 13410
Las Vegas NV 89112
(702) 314-1300
Fax: (702) 314-0503

Redwood Teen Challenge

Outreach Center
P.O. Box 2595
McKinleyville, CA 95519
(707) 840-0501
Fax: (707) 839-1463

Dear Donor:

_____ has applied for entry into Teen Challenge, a 12 month program operated by Teen Challenge of Nevada, Inc.

Teen Challenge of Nevada, Inc. is operated as a Christian ministry, and is financed through voluntary contributions from board members, friends, churches and other individuals and organizations interested in our work with hurting teens.

Teen Challenge of Nevada depends upon the availability of enough donors to cover the normal operating expenses for each student accepted into the program. These expenses are estimated at \$1,800.00 per month, (\$60.00 per day) for each student enrolled.

In order for all cash donations to be considered tax-deductible, no support will be specifically designated for the personal benefit of any given student, but will be applied to the general operating expenses of Teen Challenge of Nevada.

It is our goal to provide the highest quality rehabilitative environment for each of our enrolled students. You have been given this letter to provide you with an opportunity to make a difference in the lives of hurting youth. Should you wish to do so, please fill out the enclosed donation form and return it right away to the address given in the paragraph below.

All donations are to be sent to **Teen Challenge of Nevada Inc., (P.O. Box 1136 Sparks, NV 89432-1136)**, so that a valid tax receipt can be issued to the donor from our office. This money will go to the general operating expenses of Teen Challenge of Nevada, Inc. Funds sent by parents or legal guardians are not tax deductible. *Teen Challenge does not discriminate against any qualified person on the basis of age, sex, handicap, race, color, national or ethnic origin.*

Thank you for considering your part in the ministry of Teen Challenge to the help of a young person's life.

Sincerely,

Dr. John Yacenda
Director

I understand the program at Teen Challenge of Nevada is designed to run from 12 to 18 months (depending upon the willingness of the student). I will commit to send in my monthly pledge regardless of the length of time that the student remains in the program.

Donor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

I pledge monthly:

_____ 1 day @ \$60 _____ 2 days @ \$120 _____ 3 days @ \$180
_____ 4 days @ \$240 _____ 5 days @ \$300 _____ Full month @ \$1,800
_____ \$ _____ Other _____ \$ _____ One time donation

Student's Name (optional): _____ Date: _____

----- Cut along this line -----

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Student's Name (optional): _____ Date: _____

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City: _____ State: _____ Zip Code: _____ Phone: (____) _____

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_____ 4 days @ \$240 _____ 5 days @ \$300 _____ Full month @ \$1,800
_____ \$ _____ Other _____ \$ _____ One time donation

Student's Name (optional): _____ Date: _____

SLM Financial Corporation



Fax Applications to: 1-317-806-4871 Call with Questions: 1-888-272-5543
 Mail Applications To: SLM Financial Corporation
 PO Box 470 Marlton, NJ 08053

Instructions: If all information is not completed in full, the processing of your application may be delayed. Initial any changes; do not use correction fluid. Bring to your school's financial aid office for school certification. This application must be completely filled out and certified by the school official. **By submitting this application, you authorize SLM Financial to check your credit history whether or not your application is signed.** **IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR A STUDENT LOAN:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a loan. What this means for you: When you apply for a student loan, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver license or other identifying documents.

Section A: Borrower Section: Please complete all information in this section. Must be a U.S. Citizen or Non-Citizen Permanent Resident.

Tuition \$		+Expenses \$		-Total Loan Amount Requested \$		Repayment Term Requested (years):		Interest Only Payments? (In School Only) Yes / No # Months _____		\$10 Deferred Repayments (In School Only) Yes / No # Months _____	
Last Name and Suffix				First Name				MI		Social Security Number	
Street Address				Apt # / Rural Route		Date of Birth (mm/dd/yy)		Citizenship (select one) a) U.S. citizen _____ b) Non-Citizen Permanent Resident _____		Have you ever defaulted on a student loan? Yes / No	
City		State		Zip Code		Time at Address: Years Months		Own / Rent / Other		Home Phone Number ()	
Prior Address				City		State		Zip Code		Driver License or State ID : State : Number	
Mailing Address if different from Street Address above				Landlord / Mortgage Holder Name				Phone Number		Email Address	
Monthly Mortgage / Rent Amount \$		Approximate Balance (Mortgage only) \$				Approximate Home Value (If you own) \$				Work Phone Number ()	
Present Employer Name		Occupation / Title		Length at Present Employer Years Months		Other Income \$ _____ Source: _____		Note: You do not have to reveal alimony, child support or maintenance income unless you wish it to be considered as a basis for loan repayment.			
Employer Address		City		State		Zip Code		Gross Monthly Income (Documentation Required) \$		Previous Employment Information: Employer: _____ Length at Previous Employer: _____ years _____ months	
References must be the age of majority. The age of majority is generally 18 in most states. Cosigners are not a valid reference.											
Reference Name		Address		City		State		Zip Code		Home Phone Number	
Reference Name		Address		City		State		Zip Code		Home Phone Number	

Section B: Cosigner Section Please complete all information in this section if applying jointly. Must be a U.S. Citizen or Non-Citizen Permanent Resident .

Relationship to Borrower:		Last Name and Suffix				First Name				MI		Social Security Number	
Street Address				Apt # / Rural Route		Date of Birth (mm/dd/yy)		Citizenship (select one) a) U.S. citizen _____ b) Non-Citizen Permanent Resident _____		Home Phone Number ()		Have you ever defaulted on a student loan? Yes / No	
City		State		Zip Code		Time at Address: Years Months		Own / Rent / Other		Home Phone Number ()		Have you ever defaulted on a student loan? Yes / No	
Prior Address				City		State		Zip Code		Driver License or State ID : State : Number			
Mailing Address if different from Street Address above				Landlord / Mortgage Holder Name				Phone Number		Email Address			
Monthly Mortgage / Rent Amount \$		Approximate Balance (Mortgage only) \$				Approximate Home Value (If you own) \$				Work Phone Number ()			
Present Employer Name		Occupation / Title		Length at Present Employer Years Months		Other Income \$ _____ Source: _____		Note: You do not have to reveal alimony, child support or maintenance income unless you wish it to be considered as a basis for loan repayment.					
Employer Address		City		State		Zip Code		Gross Monthly Income (Documentation Required) \$		Previous Employment Information: Employer: _____ Length at Previous Employer: _____ years _____ months			
References must be the age of majority. The age of majority is generally 18 in most states. Borrower is not a valid reference.													
Reference Name		Address		City		State		Zip Code		Home Phone Number		Relationship to Cosigner	

Section C: Student Section: Please complete all information.

Date of Birth (mm/dd/yy)		Last Name and Suffix				First Name				MI		Relationship to Borrower	
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Section D: School Section: To be completed by an authorized school official.

School Code / Branch 600860000		School Name Teen Challenge of Nevada, Inc.				Tuition Amount \$	
School Phone Number (775) 424-6777		School Address PO Box 1136 Sparks, NV 89432				For the Enrollment Period From Date (mm/dd/yy) To Date (mm/dd/yy)	
First Disbursement Date Amount \$		Second Disbursement Date Amount \$		Third Disbursement Date Amount \$		Fourth Disbursement Date Amount \$	
Fifth Disbursement Date Amount \$		Sixth Disbursement Date Amount \$		Anticipated Graduation Date (Month/Day/Year)		Enrollment status: Full Time _____ Half Time _____ Less than half time _____	

As an authorized representative of the school identified above, I hereby certify the following: (i) the student in Section C has been accepted for enrollment, or is enrolled, and in good standing; (ii) the information completed in this school certification is accurate; (iii) the Total Loan Amount Requested in Section A does not exceed the student's cost of attendance minus other financial aid; (iv) that school will notify SLM Financial if the borrower withdraws from the school; (v) if applicable, that prior to certification the school has complied with the disclosure requirements in Section 626(1) and all other provisions of the NY SLATE ACT, Law of New York Chapter 41, Article 13-B, Sections 620-632 (the "SLATE Act") that require disclosure or other action by a school as a pre-requisite to any action by a lender; (vi) as permitted under applicable law, that the school will provide information requested by SLM Financial or Sallie Mae related to the borrower, including without limitation contact information; and (vii) that the information provided in Sections A, B, and C is true, complete and correct to the best of my knowledge and belief.

School Certification: I have read and agree with above paragraph.

Signature of authorized school official:		Date		Print or type name and title:	
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This application will be submitted to SLM Financial Corporation ("SLMF") for approval. I/we authorize SLMF to use credit information previously obtained in connection with another loan in connection with this application. I/we authorize and instruct any person or consumer reporting agency to furnish to SLMF any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain SLMF's property, whether or not a loan is approved. All information set forth in this application is declared to be a true representation as to the facts, made for the purposes of obtaining the loan requested, and any willful misrepresentation in this application may result in criminal action. As a condition to obtaining this loan, I/we authorize and consent to the lender, any other lender for loans that may be offered to me in the future, any subsequent holder of the loans, any school or any of their agents to share and release information pertinent to this application or loan. In addition, SLMF and its affiliates may share credit and other information about me/us with each other for marketing and administrative purposes. (Please review the Sallie Mae privacy policy for information concerning your rights to limit the sharing of this information.)

 Borrower's Signature (seal) Date Cosigner's Signature (seal) Date
 SLM_DNWEB_STND_1107 Apply on the Web @ www.salliemae.com/ctl ©SLM FINANCIAL_WEBDAE 1998-2008

Instructions for Completing the Career Training Loan Application

Complete the loan application by typing or printing in black ink. If corrections are necessary, cross out the incorrect information, type or write the correct information, and initial your changes. Do not use correction fluid. The minimum loan amount to borrow for tuition and other education-related expenses is \$1,000. A portion of the tuition must be financed to be eligible to apply to finance other education-related expenses. There is no aggregate loan limit.

BORROWER:

- Complete the Student and Borrower sections on the application (Sections A and C). It is not necessary for the student to be the borrower or the cosigner. Application must be completely filled out to process (including gross monthly income). The repayment term selected must be between one and fifteen years.

COSIGNER (if applicable):

- Complete the Cosigner section on the application (Section B). Application must be completely filled out to process including (gross monthly income).

Borrower and Cosigner (if applicable) must provide a signature at the bottom of the application.

REPAYMENT OPTIONS:

There are three repayment options available. Repayment begins at least 30, but no more than 60 days after disbursement. The borrower may choose to elect one of the two in-school repayment options described below by completing the information in the relevant field in Section A. Otherwise, the borrower will receive the standard repayment option of level, monthly payments of principal and interest. The minimum monthly payment for standard repayment is \$30.

- **Interest-only Repayment Option-** The borrower can elect the interest-only repayment option during the in-school period and then begin standard repayment of interest and principal payments once school is finished. If the borrower elects this option, he/she must indicate the number of desired interest-only monthly payments (Section A). However, this option is not available beyond the school certified Anticipated Graduation Date listed on the loan application (Section D).
- **Deferment Repayment Option*-** The borrower can elect the deferment repayment option for up to 48 months and make \$10 monthly payments that will be applied toward the interest that accrues on the loan during the deferment period. Unpaid interest will be added to the borrower's principal balance (capitalized) at the end of the deferment period. The borrower will then pay interest on the higher principal amount. If the borrower elects this option, he/she must indicate the number of desired \$10 payments (Section A). However, this option is not available beyond the school certified Anticipated Graduation Date listed on the loan application (Section D).

*A loan with the deferment repayment option may receive a higher supplemental fee and/or a higher margin, and thus, a higher interest rate.

Once the application is completed and signed, please submit to the school's Financial Aid Officer for certification.

SCHOOL (Please complete the following steps):

1. Complete the School Section of the application (Section D).
2. Certify Application - Sign & Print Name by Authorized School Official Only.
3. Fax the application to 1-317-806-4871.

Fax the application to 1-317-806-4871 or Mail the application to:

**SLM Financial Corporation
P.O. Box 470
Marlton, NJ 08053-0470**

For Assistance Call Toll-Free: 1-888-272-5543

STATE LAW NOTICES: The following notices are required by or necessary under state law. These notices may not describe all of the rights of the Borrower and Cosigner under state and federal law. Unless otherwise indicated, each notice applies to Borrowers and Cosigners who live in the indicated state on the date that they sign the application and to Borrowers and Cosigners who are residents of that state. **CALIFORNIA RESIDENTS ONLY:** A married applicant may apply for a separate account. **NEW YORK, RHODE ISLAND AND VERMONT RESIDENTS ONLY:** I understand and agree that you may obtain a consumer credit report in connection with this application and in connection with any updates, renewals or extensions of any credit as a result of this application. If I ask, I will be informed whether or not such a report was obtained and, if so, the name and address of the agency that furnished the report. I also understand and agree that you may obtain a consumer credit report in connection with the review or collection of any loan made to me as a result of this application or for other legitimate purposes related to such loans. **OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. **WISCONSIN RESIDENTS ONLY:** No provision of any marital property agreement, unilateral statement under §766.59 of the Wisconsin Statutes, or court decree under §766.70 adversely affects your interest unless, prior to the time the loan is approved, you are furnished with a copy of the marital property agreement, statement, or decree or have actual knowledge of the adverse provision.



Apply on the Web @ www.salliemae.com/ctl