

**CHAPTER 13 OFFICE OF GEORGE W STEVENSON
5350 POPLAR AVENUE, SUITE 500
MEMPHIS, TN 38119
OFFICE/FAX 901-821-2400**

REQUEST FOR STUDENT LOAN

DATE _____
NAME _____
CASE# _____
PHONE# _____

QUALIFICATIONS FOR AUTHORIZATION:

- A) The case **MUST** be current.
- B) Unsecured Percentage **MUST** be set
- C) Authorizations are good for 30 days
- D) **NO** pending motions for Dismissal

Please provide the following: (**PRINTED ON THE SCHOOL LETTER HEAD**)

- A) The purpose of the loan. (Semesters)
- B) The interest rate of the loan. (If available)
- C) The proposed amount per Semester.

**PLEASE BE ADVISED THE TRUSTEE CAN ONLY AUTHORIZED \$5000.00 PER SEMESTER. IF MORE
IS NEED PLEASE CONTACT YOUR ATTORNEY.**