

**LOAN APPLICATION**  
**DAYTON BAR ASSOCIATION - HERBERT M. EIKENBARY TRUST**

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_  
\_\_\_\_\_

1. When were you admitted to the practice of law in Ohio? \_\_\_\_\_  
How long have you practiced in Montgomery County? \_\_\_\_\_  
What percentage of your practice is in Montgomery County? \_\_\_\_\_

2. Please list names, addresses and telephone numbers of three character references, including at least one Montgomery County attorney:  
a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

3. Have there ever been any ethics complaints filed against you? \_\_\_\_\_  Yes  No

If yes, please state the general nature of the complaint(s), the approximate date(s), disposition and with whom the complaint(s) were filed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe briefly the purpose and circumstances of the loan and how the loan will aid you in your law practice. Also, describe how you presently are experiencing the need for financial assistance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you previously received a Grant or Loan from this fund? \_\_\_\_\_ If yes, when and how much?  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the foregoing information is true and apply for a loan in the amount of \$ \_\_\_\_\_  
I understand that the interest rate is four (4%) percent annually and the repayment schedule is every six months.  
(no monthly payments). (The minimum loan is \$500.00 and the Maximum loan is \$6,000.00.)

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

The Schedule below is based upon the maximum loan amount:

- Interest (6 months after initial payment)
- Interest plus \$1,200 (12 months after payment)
- Interest plus \$1,200 (18 months after payment)
- Interest plus \$1,200 (24 months after payment)
- Interest plus \$1,200 (30 months after payment)
- Interest plus \$1,200 (36 months after payment)

\_\_\_\_\_  
**Approved by:**

\_\_\_\_\_  
**Date:**