Aerospace Loan Program
2026-27 Cosigner Loan Application

***The cosigner** and **the applicant**—must complete this document.*
Type or print legibly using blue or black ink. Do not use a pencil.

Applicant's Information

Aerospace Loan Program **Applicant's Name:** _____

Co-signers relationship to applicant (must not be spouse): _____

Applicant:

I am a high school graduate or obtained a GED:

☐ Yes ☐ No → *If no – not eligible to apply*

I have an 8th-grade level of English and math proficiency:

☐ Yes ☐ No → *If no – not eligible to apply*

I am a U.S. Citizen, or an eligible non-citizen, * legally able to work in the United States, and can provide documentation upon request:

☐ Yes ☐ No → *If no – not eligible to apply*

*Acceptable non-citizen status may include:

- Deferred Action for Childhood Arrivals (DACA)
- Permanent Resident (Alien Registration Receipt Card)
- Conditional Permanent Resident (I-551C)
- Arrival-Departure Record (I-94)
- Other - Designation as: Victim of Human Trafficking, Refugee, Asylum Granted, Indefinite Parole, Humanitarian Parole, Cuban-Haitian Entrant, Citizen of Republic of Palau, Citizen of Republic of the Marshal Island, Citizen of Micronesia

Optional Information:

Gender: *(optional)*

☐ Female ☐ Male ☐ other/no response

Ethnicity: *(optional)*

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Caucasian or White

☐ Hispanic or Latino

☐ Native Hawaiian or Other Pacific Islander

☐ More Than One Race or Multiracial

Contact Information

Provide two contacts with addresses different from your own **and** different from each other who will always know your current address. The first contact should be a relative, if possible, but neither contact can be a spouse.

Contact One:

Last Name (Legal) _____

First Name _____

Middle Initial _____

Permanent Address (Street) _____

City, State, Zip _____

Area Code/Telephone _____

Relationship to Applicant _____

Email Address _____

Contact Two:

Last Name (Legal) _____

First Name _____

Middle Initial _____

Permanent Address (Street) _____

City, State, Zip _____

Area Code/Telephone _____

Relationship to Applicant _____

Email Address _____

Cosigner's Information

Last Name (Legal) _____
First Name _____
Middle Initial _____
Social Security Number _____
Mailing Address (Street) _____
City, State, Zip _____
Area Code/Telephone _____
Birthdate _____
Email Address _____

I am a U.S. Citizen or an eligible non-citizen* and can provide documentation upon request:

☐ Yes ☐ No (If no, not eligible to cosign).

*Acceptable non-citizen status may include:

- Deferred Action for Childhood Arrivals (DACA)
- Permanent Resident (Alien Registration Receipt Card)
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Cosigner's Credit Eligibility

To be eligible to cosign, you must answer **"No"** to all the following questions:

Are you delinquent on any federal/state debt?	☐ **No**	☐ **Yes**
Are you delinquent on child support payments?	☐ **No**	☐ **Yes**
Have you filed a bankruptcy in the last seven years?	☐ **No**	☐ **Yes**
To the best of your knowledge, is your credit score below 600?	☐ **No**	☐ **Yes**
Do you have any open collection accounts?	☐ **No**	☐ **Yes**

If you cannot answer **No** to each of the above questions, you are not eligible to cosign for this loan.
If you have no credit history, you cannot cosign for this loan.

Cosigner's Approval for Credit Report and Certification

By my signature below, I authorize the Washington Student Achievement Council to obtain a Consumer Credit Report on me. This authorization is valid for purposes of verifying information given pursuant to the authorization of the Aerospace Loan Program or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). This authorization shall be valid in original or copy form.
By my signature below, I certify that all the information in this application is true and complete to the best of my knowledge.

Cosigner Signature ***Printed Name*** ***Date***

Mail to: WSAC/ALP, PO Box 43430, Olympia, WA 98504-3430
Questions? Contact: alp@wsac.wa.gov or 1-888-535-0747 (Option 6)