

Advanced School of Lending



March 16-18, 2027 | Courtyard by Marriott, Columbia

IMPORTANT: Please make a copy of this application for your files. It contains information on enrollment fees and the school cancellation policy. Complete both sides of this application

Please print or type the following information.

Name: _____
(As you wish it to appear on your certificate)

Nickname: (For badge) _____

Title: _____

Bank Name: _____

Bank Street Address: _____

Bank Post Office Box: _____

City/State/ZIP: _____

Business Telephone: _____

Email Address: _____

In case of emergency, contact: _____

Name: _____

Telephone: _____

Relationship to student: _____

EXPERIENCE

Please indicate years of experience in the following areas.

- | | |
|---|---|
| ☐ Loan Officer | ☐ Loan Administration |
| ☐ Credit Analysis | ☐ Documentation |
| ☐ Ag Lending | ☐ Consumer Credit |
| ☐ Commercial Lending | ☐ Chief Executive Officer |
| ☐ Bank Director | ☐ Supervisor-Loan Division |
| ☐ Others Please list _____ | |

TOTAL ASSETS OF BANK

- | | |
|---|---|
| ☐ Under \$50m | ☐ \$51-\$250m |
| ☐ \$251-\$500m | ☐ \$501-\$1b |
| ☐ Over \$1b | ☐ Bank Holding Co. |
| ☐ Others Please list _____ | |

APPLICANT & SUPERVISOR PLEASE READ & SIGN

Member Enrollment Fee:\$1200

Non-Member Enrollment Fee:\$3000

Enrollment fee includes instruction, supplemental classroom materials, refreshment breaks, one lunch and one dinner.

TO THE APPLICANT

I have read the brochure explaining the school requirements and the refund policy. I agree to abide by all requirements for participation associated with this school. I further certify that I am (check one)

- ☐ A graduate of the Missouri School of Lending. Indicate the year attended _____.
- ☐ I have _____ years of lending experience. (Must have more than five (5) years of lending experience.)

Applicants Signature _____

Date _____

TO THE SUPERVISOR

I have read the brochure explaining the school requirements. The submission of this application has been approved by the bank. I further certify the applicant's qualifications for admission to this school.

Supervisor's Name (Please print): _____

Title (Please print): _____

Supervisor's Signature: _____

Date: _____

METHOD OF PAYMENT

Please check the appropriate box. Tuition is per year, per student.

Payment by check or invoice.

- | | |
|---------------------------------|------------------------------------|
| ☐ MEMBER | ☐ NONMEMBER |
| \$1,200 | \$3,000 |

- ☐ Check enclosed, payable to Missouri Bankers Association
- ☐ Invoice the bank
- ☐ Credit Card Payment

Please Type or Print

Card No. _____

Exp. Date _____ CVV _____

Type or Print Name _____

Signature _____

