

APPLICATION FORM
ALBION EDUCATION FOUNDATION
OLSON/WOLF LOAN

In Memory of
Bernice & Grant Olson
Max, Hattie & Julius Wolf

STUDENT

VOCATIONAL TRAINING OR COLLEGE

PARENTS

INTENDED MAJOR

MAILING ADDRESS

ESTIMATED COMPLETION DATE:

City State Zip

Student Cell Phone:

Parent Cell Phone:

Parent Cell Phone:

Student's Email address:

Parent's Email address:

1. Summarize your activities in the school and/or the community that demonstrate scholarship and leadership qualities.

2. Please state your goals and intentions, including your intended vocation or profession.

3. What qualifications do you possess that would enable you to be a successful student and a credit to this loan?

4. Amount of loan requested _____

5. Why do you have a need for this loan? How do you plan to repay this loan?

6. Please include a statement of reliability from the bank or employer of each cosigner.

7. Please include three recommendations from individuals using the enclosed form. If possible one individual completing the form should be a teacher in your program of study. Adults who are not relatives, students, or casual acquaintances shall submit recommendations.
(Applicants now receiving Olson/Wolf loan monies need not complete this item)

8. Please include a transcript of your grades with the application.
(Applicants now receiving Olson/Wolf loan monies need not complete this item)

9. INCOMPLETE APPLICATIONS AND APPLICATIONS SUBMITTED AFTER JULY 1 WILL NOT BE CONSIDERED

DATE _____ SIGNATURE _____

Submit to: Superintendent of Schools
Boone Central Schools
Box 391
Albion, Nebraska 68620