**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**

**Home Phone: Student 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**