

NEW APPLICATION FORM  
ALBION EDUCATION FOUNDATION  
OLSON/WOLF LOAN

Type: New Applicant *not returning
Amount Requested: \$ _____

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

Student Name: \_\_\_\_\_ HS Graduated from: \_\_\_\_\_  
Permanent Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Year: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Parent Name(s):  
1. \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vocational Training or College to attend: \_\_\_\_\_  
Intended Major: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_

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?

Date: \_\_\_\_\_ Signature: \_\_\_\_\_