

RENEWAL APPLICATION FORM
ALBION EDUCATION FOUNDATION
OLSON/WOLF LOAN

Type:
Returning Applicant
*not new applicant

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: _____