



OLIN SCOTT FUND, INC.

Student loan application for young men attending college.

407 Main Street (P.O. Box 1208), Bennington, Vermont
05201. Telephone: (802) 447-1096

APPLICATION FOR LOAN

Name: Last First Middle Initial

Social Security # Telephone # Email

Legal Address Mailing Address

How long There? Previous Address
if current address is less
than 5 years

Birth Date

Cosigner 1 Tel./Cell# Cosigner 2 Tel./Cell#

Name Name

Legal Address Legal Address

Social Security # Social Security #

Occup/Employer Occup/Employer

Has anyone in your family received Olin Scott Fund assistance?

If so, please state names and relationship (Grandfather, Father, Uncle, Brother)

When, and how much?

Total loan requested this year?

Expected Graduation Date Estimated future loan requests

High School Attended Year Graduated

College planning to attend, or attending How many years?

I certify that all statements on this application are true and complete. I authorize the Olin Scott Fund, Inc. to gather credit information about each signatory. If this application is approved, I also authorize the Olin Scott Fund to give information about my loan account to others. Each cosigner will at all times be separately liable for the full amount of any balance due on the account. This application remains the property of the Olin Scott Fund, Inc.

Applicants Signature Date

Cosigner 1 Signature Date

Cosigner 2 Signature Date