



OLIN SCOTT FUND, INC.

Assisting Bennington County Students to Further Education

APPLICATION

To Submit With Loan Package

☐

NEW LOAN

☐

LOAN RENEWAL

Name Last _____ First _____ Mid Initial _____

Social Security # _____ Email _____

Legal Address _____

Mailing Address _____

How Long There? _____ Telephone _____

Previous Address? _____ Cell _____

Birth Date _____ Place of Birth _____

Co-Signer 1 Tel/Cell# _____ Co-Signer 2 Tel/Cell# _____

Name _____ Name _____

Legal Address _____ Legal Address _____

SocSec# _____ SocSec# _____

Email _____ Email _____

Occup/Employer _____ Occup/Employer _____

Has anyone in your family received OLIN SCOTT FUND assistance? _____

If so, please state name and relationship? _____

When and how much? _____

Total loan requested this year? _____ Expt. Grad Date _____

Estimated Future Loan Requests? _____

High School Attended _____ Year Grad _____

School 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 and authorize the Fund to send email updates. Each signatory 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. Co-Signer must be acceptable to the Olin Scott Fund. Each Co-Signer represents that they have sufficient resources to repay student loan in the event of student's default.

Applicant's Signature _____ Date _____

1st Co-Signer Signature _____ Date _____

2nd Co-Signer Signature _____ Date _____

Send To: Olin Scott Fund, Inc. PO Box 1208, Bennington, VT 05201

Phone (802) 447-1096 | operations@olinscottfund.org | www.olinscottfund.org