

Name: _____, _____ Date: _____
Last First

THE BILL AND CAROL LATIMER CHARITABLE FOUNDATION APPLICATION FOR RENEWAL OF COF LOAN

By June 8th please submit a copy of the following:

- Completed and signed application
- FAFSA Electronic Student Aid Report (SAR)
- Signed "COF Program Summary"
- Completed "COF Participant Contact Information" form

College Status and Family Income Information

Fall / Spring School Year: 20____ / 20____ Grade Classification _____

School _____ Major/Minor _____

Previous Semester: End Date: _____ G.P.A. _____ Cumulative G.P.A. _____

Father's Employer _____ Adjusted Gross Income: \$ _____

Mother's Employer _____ Adjusted Gross Income: \$ _____

Total Number in Household _____ Student Debt: COF Loan _____ Other _____

List all Scholarships, Grants, & Eligible Loans

College Cost per School Year: Including all Stafford Loans) per School Year:

Tuition \$ _____ Amount: \$ _____

Fees: \$ _____ Amount: \$ _____

Books: \$ _____ Amount: \$ _____

Housing: \$ _____ Amount: \$ _____

Meal plan: \$ _____ Amount: \$ _____

(A) Total Cost /year: \$ _____ (B) Total Awards /year: \$ _____

(C) Estimated Family Contribution /year: \$ _____

Total Amount Needed for the School Year: (A) – (B) – (C) = \$ _____

I declare that the information in this application has been gathered to the best of my ability and is correct.

Applicant's Signature: _____ **Date:** _____

Submit to: Doug Latimer, Educational Director; 201 W. Main Street, Suite E; Union City, TN 38261
Phone: 731-885-2886; Fax: 731-885-3888; COF@LatimerFoundation.org; LatimerFoundation.org

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Received Date Delivered By Table EFC Notes Amount Approved