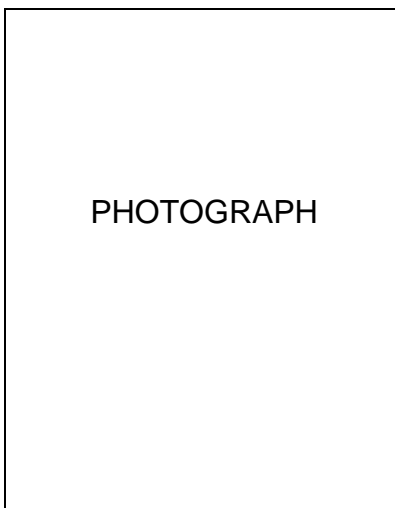


APPLICATION
THE BILL AND CAROL LATIMER
CHARITABLE FOUNDATION
COLLEGE OPPORTUNITY FUND

Applicant's full name _____ Date _____



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

- completed and signed application
- official High School Transcript
- FAFSA Electronic Student Aid Report (SAR)
- signed "COF Program Summary"
- two letters of reference (see page 8)

Doug Latimer
Educational Director
201 W. Main Street, Suite E
Union City, Tenn. 38261-2132

Email: COF@LatimerFoundation.org

Phone: (731) 885-2886

Fax: (731) 885-3888

Before filling out this application, please read about the COF Program on our website: www.LatimerFoundation.org

PERSONAL INFORMATION

Name _____ Date of birth _____

Home Address _____ Cell phone _____

city/state/zip _____ Home phone _____

Mailing Address _____

E-mail: personal _____ school issued: _____

School home address _____

School home phone _____ Facebook Name _____

Father _____ Employer _____

Address _____ Annual Income _____

city/state/zip _____ Education Level _____

Age _____

Mother _____ Employer _____

Address _____ Annual Income _____

city/state/zip _____ Education Level _____

Age _____

Siblings _____ Age _____ Lives at home (Yes/No) _____

EDUCATION INFORMATION

Graduating high school _____ Graduating year _____

Principal's name _____ School Phone _____

Cumulative Grade Point Average (GPA) _____ ACT score _____ SAT _____

Times took ACT/SAT _____ Rank in graduating class _____ out of _____

Circle type of classes taken: Advanced/Honors or Regular

Are you a Challenge or TN Scholars graduate? _____

List school clubs and organizations and number of years you were a member.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Class Officer
Pres/VP/Sec/Treas _____
Freshman Sophomore Junior Senior

Honors and awards:

Extracurricular activities:

Band _____	Golf _____
Baseball _____	Tennis _____
Basketball _____	Track _____
Football _____	Other _____

COMMUNITY INFORMATION

Church you attend _____ Church Phone _____

Address _____ Years of membership _____

city/state/zip _____ Responsibilities _____

Minister _____ Home phone _____

Church activities:

List community clubs and organization and number of years you were a member.

_____	_____
_____	_____
_____	_____
_____	_____

Community activities:

EMPLOYMENT INFORMATION

Are you currently employed? Yes _____ No _____

Where are you employed? _____

Employer's address _____ Phone _____

city/state/zip _____ Position _____

Supervisor _____

Do you work full time or part time? _____ Av. Hrs. per week _____

Write a short description of your work experience.

Do you currently own your own transportation? _____

Model/Make _____ Year _____

Balance owed on vehicle _____ Monthly payment _____

Insurance Company _____ Insurance payment _____

Who pays monthly car payment and insurance? _____

Please list reason for needing transportation.

COLLEGE FINANCIAL INFORMATION

College you plan to attend _____

College Address _____ Phone _____

city/state/zip _____ Website _____

Major _____ Minor _____

Current student loan debt _____ Current monthly payments _____

Applicants are expected to exhaust all possible means of securing available funds before obtaining a COF loan. Check with your school to obtain your eligible/approved Stafford Loan values.

<u>College Cost / school year</u>	<u>Scholarships, Grants, and Eligible Loans (including all Stafford loans) / school year</u>
Annual tuition _____	_____ Amt. _____
Fees _____	_____ Amt. _____
Books _____	_____ Amt. _____
Housing _____	_____ Amt. _____
Meal plan _____	_____ Amt. _____
	_____ Amt. _____
	_____ Amt. _____
	_____ Amt. _____

(A) TOTAL COST / year _____ (B) TOTAL AWARDS / year _____

(C) Estimated Family Contribution (EFC) / year _____

If the value is different from the SAR EFC value, please explain below:

Total Amount Needed / school year: (A)-(B)-(C) = _____

ADDITIONAL INFORMATION

For our consideration, please list any unusual circumstances (illness of parents, unexpected financial loss, etc.) Explain below.

REFERENCES

Attach two reference letters from reliable sources. Acceptable sources include the following: teachers; counselors; church ministers; employers; or close family friends.

DECLARATION AND RELEASE

I declare that the information in this application has been gathered to the best of my ability and is correct. Therefore, without reservation, I give the representatives of the College Opportunity Fund Program permission to contact any of the persons and organizations noted in this application for the purpose of verifying the given information as well as verifying my character.

Applicant's Signature: _____ Date: _____

**THE BILL AND CAROL LATIMER CHARITABLE FOUNDATION
COLLEGE OPPORTUNITY FUND**

For more information please visit www.LatimerFoundation.org