

BILL AND CAROL LATIMER CHARITABLE FOUNDATION

College Opportunity Fund

Please send one (1) copy of my unofficial transcript to:

**Doug Latimer, Educational Director
201 West Main St. Suite E
Union City, TN 38261
Phone: 731-885-2886 Fax: 731-885-3888**

Please Print

Name by which I was officially enrolled:

(Last) (First) (Middle) (Previous)

Social Security Number: _____ Date of Birth: _____

Present Address: _____
(Street Address)

(City) (State) (Zip)

Your name while at this institution: _____

Date you attended this institution: from _____ to Present
(mo/yr) (mo/yr)

I authorize release of my unofficial transcript:

(Student's Signature)

I authorize charges for my transcript release to be billed to me:

(Student's Signature)

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CHARITABLE FOUNDATION**

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Union City, TN 38261
Phone: 731-885-2886; Fax: 731-885-3888**

STUDENT NEED ASSESSMENT AND FINANCIAL AID AWARD

Student's Name: _____
Last Name First Name Middle Name

Social Security Number: _____

Mailing Address: _____
(Street Address)

(City) (State) (Zip)

Date: _____

I give permission for _____
(Name of School-University, Technical, Other)

To mail, fax, or communicate with representatives of the College Opportunity Fund my financial aid award information directly from the Financial Aid Office. I understand that this information includes the following: Pell Grants, Supplemental Education opportunity Grants, Tennessee Student Assistance Corporation, Vocational Rehab Monies, all Scholarships, College Grants, and personal loans. I understand that this information is used by the College Opportunity Fund Program to determine my loan amount to

Fill in Name of School-University, Technical, Other

Signature of Student