

**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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**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