



# Application Form

## Mount Olivet Foundation

Date submitted: \_\_\_\_\_

Application for: Grant \$ \_\_\_\_\_ (amount) Loan \$ \_\_\_\_\_ (amount)

Academic Year 20\_\_ to 20\_\_

**E-mail completed application form to: mofoundation.contact@gmail.com**

If you cannot email the form, advise us of your application by email, and send application form by USPS to: Mount Olivet Foundation, 1500 N Glebe Rd, Arlington VA 22207.

Note 1: Applications should be received by December 31 for consideration in January, by March 31 for consideration in April, by June 30 for consideration in July, and by September 30 for consideration in October.

Note 2: An application for a second grant or loan can only be considered if it is requested 12 mo. or more from the date of award of the first grant or loan. The same is true for subsequent grant or loan requests.

**Personal Information** (Please fill in on a computer, or print clearly using BLACK INK only.)

Name : ( ) Mr. ( ) Mrs. ( ) Ms. Last: \_\_\_\_\_ First: \_\_\_\_\_

**Current Mailing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Permanent Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Email : \_\_\_\_\_

Telephone: \_\_\_\_\_

**Other Information:**

Social Security Number<sup>1</sup> \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy)

Present Marital Status ( ) Single ( ) Married

Age(s) of Dependant Children (if any) \_\_\_\_\_

Religious Preference : (optional) \_\_\_\_\_

<sup>1</sup> Only last 4 digits needed for identification if applying only for a grant. The full Soc. Sec. number is needed if applying for a loan.

**Education and Work Background:**

Please attach a resumé of education and work experience.

1. High School (last attended): \_\_\_\_\_  
Location: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ GPA: \_\_\_\_\_

2. College Education (the earliest attended first):

Institution: \_\_\_\_\_ Location: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree: \_\_\_\_\_ Major Subject: \_\_\_\_\_ GPA: \_\_\_\_\_

Institution: \_\_\_\_\_ Location: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Degree: \_\_\_\_\_ Major Subject: \_\_\_\_\_ GPA: \_\_\_\_\_.

3. College: (Presently attending or expecting to attend.) Accepted: Yes: \_\_\_\_\_ Waiting: \_\_\_\_\_

Institution: \_\_\_\_\_

Address of Institution:<sup>2</sup> \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Minor: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_; Type of Degree: \_\_\_\_\_

4. Credit Hours Earned to Date: \_\_\_\_\_

5. List hobbies or special skills that you have:

6. What are your vocational aspirations? Why are you going to school ?

**Note:** (Optional) The Foundation welcomes any additional supporting material that you deem relevant. Such material should be no longer than four (4) pages and may address issues such as career plans, special areas of expertise (not covered above), extenuating financial circumstances or any other pertinent information.

<sup>2</sup> Important, as this is where we will be sending the money.

**References:** Please list three references (other than relatives) who are familiar with your character, your goals, and/or your academic abilities.

	Name and Title:(i.e. Rev., Dr., etc.)	Address: (Include Zip code)	Telephone No:
1.			
2.			
3.			

**Financial Information**

- (1) Will you be claimed as a dependent on your parents Federal Income Tax return this coming year?  Yes  No
- (2) Will you reside with your parents, rent and board free during the academic year?  Yes  No
- (3) Will your parents contribute to your expenses?  Yes  No. If yes, what amount \$\_\_\_\_\_.

**(4) Information on Parents and Family.**

**Only fill in if you are claimed as a dependant and are receiving support from your family.**

**Father:**

Occupation: ^ \_\_\_\_\_; \_\_\_\_\_ Age: \_\_\_\_\_  
Employed by: \_\_\_\_\_; \_\_\_\_\_  
Annual Income \_\_\_\_\_

**Mother:**

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_  
Employed by: \_\_\_\_\_  
Annual Income \_\_\_\_\_

Number of dependent brothers and/or sisters? \_\_\_\_\_

Tuition paid or to be paid this academic year by the family for all dependents: \$ \_\_\_\_\_.

Financial Information

(5) Estimated Annual Income (for academic year requested):

Applicant's annual earnings.....		\$ _____
Contribution from parents.....		_____
Contribution from spouse.....;		_____:
Drawdown of Savings and other liquid assets		_____
Local church and church-related organizations.....		_____
Other groups, relatives and friends.....		_____
Grants and scholarships requested.....		_____
(Of support requested above, how much already approved)	_____	
Loans requested.....		_____
(Of Loans requested above, how much already approved)	_____	
Other income (i.e. alimony, child support, \$tc.).....		_____
	<b>Total:</b>	_____

(9) Estimated Annual Expenses:

Tuition.....		\$ _____
Fees.....		_____
Room or rent (including heat, gas, etc.).....		_____
Board (or food).....		_____
Books and educational supplies.....		_____
Clothing, laundry, cleaning.....;		_____
Recreation.....		_____
Incidentals.....		_____
Church and charities.....		_____
Medical and dental expenses .....		_____
Travel (out-of-pocket costs).....		_____
Family support or related obligations.....		_____
	<b>Total:.....</b>	\$ _____

Financial Information (continued next page)

**Financial Information** (continued from previous page)

(10) Your spouse:

If married, is your spouse also requesting funds from the Foundation?  Yes  No

Is he/she employed?  Yes  No

If yes: Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_

(11) In connection with previous obligations, if any, please list payment schedule of such obligations extending beyond 60 days, including student loans and prior Foundation loans:

<b>Name of Creditor</b>	<b>Amount</b>	<b>Date Begun</b>	<b>Unpaid Balance</b>	<b>Monthly Payment</b>	<b>Date to Start</b>

(12) Add here any supplemental information you consider would be useful in evaluating your application:

Signature of Applicant: \_\_\_\_\_

Date of application: \_\_\_\_\_

## Mount Olivet Foundation Loan Agreement

1500 North Glebe Road, Arlington, VA 22207-2199

(This section must be completed if loan is requested)

### Conditions under which Student Loans may be granted:

**First:** Loan applicants shall provide sufficient information to satisfy the Loan Committee of (1) financial need; (2) ability to satisfactorily pursue applicant's proposed course of study; (3) applicant's acceptance of enrollment in an accredited university, college, business, technical, or vocational school; and (4) applicant's enrollment on at least a half-time basis. (The U. S. Department of Education Database of Accredited Post secondary Institutions and Programs [website - <https://ope.ed.gov/dapip/#/search-results>] is one source of information about accredited programs.)

**Second:** Generally, individual loans shall not exceed \$10,000.00 (ten thousand dollars) per academic year. Applicants who are present or former Boy Scouts will be given preference for loans from the Herrmann Fund. The Loan Committee may consider applications from loan recipients in successive years if academic and repayment performance are satisfactory.

**Third:** The borrower shall pay an annual administrative fee of \$25.00 (twenty-five dollars) until full loan repayment begins.

**Fourth:** The total amount of all the borrower's loans from the Foundation is to be repaid in monthly installments of ten dollars (\$10.00) per every \$1,000.00 (one thousand dollars) borrowed. This monthly repayment begins not later than six months after the borrower either completes the course of study for which the loan was issued or discontinues the course of study prior to completion. Loans may be prepaid without penalty.

**Fifth:** The borrower must provide the Loan Committee a transcript showing grades for each course at the end of each school year. The borrower must inform the Loan Committee immediately of any change of contact information (i.e., address [residence and email] and phone number [cell phone and/or landline]).

**Sixth:** In order for the loan to be secured, the borrower must have a co-signer who is someone whose income and resources are independent from the borrower's.

**Seventh:** The following information is to be completed by the co-signer. Please print.

Title: ( ) Mr. ( ) Mrs. ( ) Ms. Other title: \_\_\_\_\_ Name: \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix)

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship to Borrower: \_\_\_\_\_

I, \_\_\_\_\_, agree to repay this loan if \_\_\_\_\_ is unable to fulfill this commitment.  
(co-signer) (borrower)

Signature of Co-signer: \_\_\_\_\_ Date: \_\_\_\_\_

**Eighth:** The following is to be completed by the applicant.

1. Have you read the conditions under which this loan may be granted, and do you understand them fully?  
( ) Yes ( ) No

2. Do you understand that by accepting this loan, you will assume both a legal and moral obligation to repay the loan, thereby making the money available to other students who have need for a loan? ( ) Yes ( ) No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_