

THE WILLIAM M. SHINNICK EDUCATIONAL FUND

ZANESVILLE, OHIO

APPLICATION For Loan For School Year _____ **20** to _____ **20**
FOR 2nd YEAR () 3rd YEAR () 4th YEAR ()

My full legal name is _____ Phone #: _____

My name as I usually write it is _____

Address _____
Street City County State Zip Code

Social Security #: _____

I am attending _____ College at _____

I wish to continue attending said college. I plan to transfer to _____

My course of study in said college is _____ Probable date of graduation _____

Grades in my studies during the past year: _____ Accumulative point average _____

Subject	Grade	Subject	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subjects I shall be taking: _____

My expenses at _____ College as a full-time student or part-time for the year beginning _____ 20 _____ and ending _____ 20 _____ will be \$ _____ .

I plan to meet expenses from the following sources:

\$ _____ Family Help \$ _____ Loan from _____

\$ _____ Student's Earnings \$ _____ Loan from _____

\$ _____ Grants or Scholarships

LIST:

I hereby apply for a loan of \$ _____ from *THE WILLIAM M. SHINNICK EDUCATIONAL FUND* to enable me to continue my studies from _____ 20 _____ to _____ 20 _____ .

I shall use all money received from *THE WILLIAM M. SHINNICK EDUCATIONAL FUND* for the purpose of completing my education, and for no other purpose whatsoever.

I shall repay this money _____ years from the day on which I received it.

Dated _____ 20 _____ Signed _____

TRUSTEES' ACTION

We, the undersigned, Trustee of The William M. Shinnick Educational Fund, hereby approve of the foregoing application, and direct that said moneys be paid to the applicant, at the times, and in the amounts stated in the application.

Dated _____ 20 _____

TRUSTEES' ACTION

We, the undersigned, Trustee of The William M. Shinnick Educational Fund, hereby deny the foregoing application.

Dated _____ 20 _____

