

Douglas A. Thom Memorial Loan Application

Legal Name of Applicant: _____

Permanent Home Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ Date of Birth _____ Social Security Number _____

Parent/Guardian: _____ Living with: _____

Father's Occupation: _____ Employed by: _____

Mother's Occupation: _____ Employed by: _____

Circle approximate gross income of both parents: (a) Less than \$12,000 (b) \$12,000 to \$25,000

© \$25,001 to \$30,000 (d) \$30,001 to \$40,000 (e) over \$40,000

List all brothers and sisters (continue on reverse side if necessary)

Name Age Grade in school Name of college if enrolled

1. _____

2. _____

3. _____

4. _____

Name of your college choice: _____

Year you are enrolled in? _____ Expected date of graduation? _____

What is your planned course of action? _____

What is your intended career choice? _____

Total expenses: tuition, room, board, books and travel _____

Total student/parent resources? _____

How much money do you need to meet your continuing education financial needs? _____

List extra activities: (including sports, activities & memberships)

Activity/sport/membership Years of participation Office held/event/position

List jobs you have held in the last four years:

Job & type of work Employer Dates of employment Hours worked

Names and address of two adult references:

- 1. _____
- 2. _____

Do you own a vehicle? _____ If yes indicate year, make & model _____

Each applicant is requested to furnish the following information in addition to this actual Loan Application:

- 1. Reference from Guidance Counselor or College Advisor
- 2. Letter from a teacher giving general character and achievement of applicant in school
- 3. Transcript of school record and results of SAT's
- 4. Letter from applicant stating the following:
 - A. Reason for choosing the particular school
 - B. Plans or objectives after graduation
 - C. Statement explaining the loan need
 - D. Breakdown of college expenses and how you are going to pay for them

I certify that the information given herein, which you are authorized to verify, is true and correct.
I further certify that I am presently a resident of Camden, Maine.

Date _____ Signature of applicant _____
Print Signature _____

I have read and approve this application by my child.
I certify that the information given herein is true and correct.

Date _____ Signature of parent or guardian _____
Print signature and relationship _____

Please return application by June 1st to:
CHRHS Counseling Office
25 Keelson Drive
Rockport, ME 04856