

**LUCILLE KELLER FOUNDATION**

C/O First Financial Bank

125 3<sup>rd</sup> Street

Columbus, IN 47201

INFORMATION ON STUDENT

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street # and name City State Zip

Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

e-Mail Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Have you previously received a loan from the Keller Foundation? \_\_\_\_\_

Number of dependents & Ages (if any) \_\_\_\_\_

INFORMATION ON SPOUSE (if applicable)

Name \_\_\_\_\_  
first middle last

Occupation \_\_\_\_\_ Annual Gross Salary \$ \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Is He/She Willing to Co-Sign? \_\_\_\_\_

INFORMATION ON PARENTS/GUARDIAN

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Annual Income \_\_\_\_\_ Mother's Annual Income \_\_\_\_\_

If Either Parent Does Not Live At Address Above, Please Indicate:

\_\_\_\_\_  
(mother/father) street city state zip

Are Parents/Guardian Willing To Co-Sign This Loan? \_\_\_\_\_

SCHOOL INFORMATION

School You Plan to Attend \_\_\_\_\_

Have You Been Accepted? \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Year in College During Upcoming Academic Year \_\_\_\_\_

Major Course of Study \_\_\_\_\_

Estimated Expenses for Upcoming Academic Year:

Tuition \$ \_\_\_\_\_

Housing \$ \_\_\_\_\_

Books & Misc \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

FINANCIAL INFORMATION

Have You Applied for Any Other Scholarships or Grants? \_\_\_\_\_ If Yes, list below:

\_\_\_\_\_  
\_\_\_\_\_

Award(s) Received: \_\_\_\_\_

\_\_\_\_\_

Financial Assistance Your Family Can Provide this School Year \$ \_\_\_\_\_

Savings and/or Earnings from Summer Work You Will Contribute \$ \_\_\_\_\_

Have You/Spouse/Parents Ever Filed Bankruptcy? \_\_\_\_\_ If Yes, Please Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION

Activities While in School \_\_\_\_\_

\_\_\_\_\_

Special Honors Received \_\_\_\_\_

\_\_\_\_\_

What are your Goals in Choosing Your Course of Study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All of the Information on this Form is True and Complete to the Best of My Knowledge.

Signed: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name

**Note: You must submit a transcript of grades and copy of your parent's prior year tax return, along with a copy of your prior year return, if you filed. You must have a grade point of average of 2.0 or better to be considered for a loan. Applications should be mailed to Lucille Keller Foundation, c/o Wealth Management, 125 3<sup>rd</sup> Street, Columbus, IN 47201. Deadline to apply is May 15<sup>th</sup>.**

THE FOLLOWING IS TO BE COMPLETED ONLY BY PREVIOUS LOAN RECIPIENTS

How Many Loans Have You Received from the Keller Foundation? \_\_\_\_\_

Date Last Loan Received \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Amount of Keller Loans Received \$ \_\_\_\_\_

