

Agent Name	
Agent Number	
Name of High School	

## Application for the Shelter Insurance Foundation Agents' Scholarship

This scholarship is offered only to, and the application will only be accepted from, seniors graduating

-ull Name		·	
First	Middle	Last	
Date of birth			
E-mail address and phone nun	nber (with area code) of applica	ant – please print clea	rly or type
Tull years of perent(e) or quar	dian(s)		
			(e) or quardian(s)
E-mail address, mailing addre	ess, and phone number (with	area code) of parent	(3) Or goardian(0)
olease print clearly or type		<u>}</u>	/ 74
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Please list all other scholarships, awards, or financial aid for which you have applied, and of those, which have been granted for the coming school years. Has it been granted to you? Name of Financial Aid What is your planned program of college study; what are your educational plans? The applicant herewith consents that the Scholarship Selection Committee be fully informed as to the applicant's scholastic standing, character, and other factors having a bearing on this application. The applicant attests that they are not a natural born or legally adopted child of any Shelter Insurance® employee or contracted agent. Signature of Applicant After you have completed your part of this application, present this to your principal or counselor. Your principal or counselor will deliver it to the Shelter insurance Foundation Agents Scholarship Selection Committee for consideration. Section III. Information to be supplied by principal or counselor This is to certify that the above applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ seniors. . The applicant has Date of high school graduation will be taken the following college entrance examinations under a statewide testing program: Dated this \_\_\_\_\_, \_\_\_\_, \_\_\_\_ Signature of Principal or Counselor Name of High School Address of High School Name of Shelter Insurance® Agent

Agent#