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Agent Name John C	hapman/Chapman Agency I	
Agent Number 03-B544-70		
Name of High School	Mountain Home	

APPLICATION FOR SHELTER INSURANCE FOUNDATION SCHOLARSHIP

This scholarship is offered only to graduating seniors at high schools where a Shelter Insurance Agent is actively participating in the Shelter Insurance Foundation Scholarship Program for the current school year. This scholarship application will be accepted only if the applicant is attending a high school that is currently sponsored by a local Shelter Insurance Agent.

Section I. Information to be supplied by applicant (Please print or type)			
	First	Middle	Last
Male	Female	Birth Date	
Full Name	of Parent(s) or Guardiar	1	
Mailing Add	lress of Parent(s) or Gu	ardian (street or route,	town, county, state, zip)
E-Mail Addr	ess (print clearly or type))	
Phone Num	ber (include area code)		
In the space	e below briefly summa	rizo vour ochl	community activities. List organizations of ormation may be attached if necessary.)
What college do you plan to attend? (Must be no later than the September following high school graduation.)			
Please list all other scholarships, awards or financial aids for which you have applied, or have been granted (indicate which) for the coming school years.			
Name of Fina	ancial Aid	<u>Value</u>	Has it been granted to you?

What will be your major college study and 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 he/she is not a natural born or legally adopted child of any Shelter Insurance® employee or salaried/contracted agent.

	Signature of Applicant			
After you have completed your part of this application, present this to your Principal or Counselor for certification and delivery to the Scholarship Selection Committee designated by the Shelter Insurance® Agent.				
Section II. Information to be supplied by Principal	or Counselor			
This is to certify that the above applicant ranks Date of high school graduation will be taken the following college entrance examinations	The applicant has			
Name of Test So	core			
Dated this day of				
	Signature of Principal or Counselor			
	Name of High School			
	Address of High School			
	Name of Shelter Insurance® Agent			
	Agent #			