



Agent Name Aaron Long

Agent Number 24-F204-33

Name of High School Tipton High School

**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)**

Full Name \_\_\_\_\_  
                                First  Middle  Last

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_

Full Name of Parent(s) or Guardian \_\_\_\_\_

Mailing Address of Parent(s) or Guardian (street or route, town, county, state, zip)  
\_\_\_\_\_

E-Mail Address (print clearly or type) \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

In the space below, briefly summarize your school and community activities. List organizations of which you are a member and offices held. (Additional information 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.

<u>Name of Financial Aid</u>	<u>Value</u>	<u>Has it been granted to you?</u>
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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.**

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**Section II.** Information to be supplied by Principal or Counselor

This is to certify that the above applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ seniors.  
Date of high school graduation will be \_\_\_\_\_. The applicant has taken the following college entrance examinations under a statewide testing program:

<u>Name of Test</u>	<u>Score</u>
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Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Principal or Counselor

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Address of High School

\_\_\_\_\_  
Aaron Long  
Name of Shelter Insurance® Agent

\_\_\_\_\_  
24-F204-33  
Agent #