

Agent Name	Aaron Long
Agent Number	_24-F204-33
Name of High S	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 Gua	rdian		
Mailing Addre	ess of Parent(s) o	r Guardian (street or route, to	wn, county, state, zip)	
E-Mail Addre	ss (print clearly or	type)		
Phone Numb	er (include area c	ode)		
			ommunity activities. List organizations of nation may be attached if necessary.)	
	do you plan to at ater than the Sep	tend? tember following high school (graduation.)	
		ps, awards or financial aids fe coming school years.	or which you have applied, or have been	
Name of Fina	ancial Aid	<u>Value</u>	Has it been granted to you?	

S-32-S Page | 1

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 of 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 Sc	<u>ore</u>					
Dated this day of	·					
	Signature of Principal or Counselor					
	Name of High School					
	Address of High School					
	Name of Shelter Insurance® Agent					
	Agent #					

S-32-S Page | 2