**** Agent Name Sylas Hicks

Agent Number AAE9301

Name of High School Odessa High School

**Application for Shelter Insurance Foundation Agents’ Scholarship**

This scholarship is offered only to, and the application will only be accepted from, seniors graduating from high schools sponsored by a local Shelter Insurance Agent in the Shelter Insurance Foundation Agents’ Scholarship Program, which may be confirmed by your Principal or Counselor.

**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(s)

Mailing Address of Parent(s) or Guardian(s) (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, university, or trade school, accredited by the U.S. Department of Education, do you plan to attend?

(Attendance must begin no later than the September following high school graduation.)

Please list all other scholarships, awards, or financial aids for which you have applied, and of those, which have been granted for the coming school years.

Name of Financial Aid Value Has it been granted to you?

     

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 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 you Principal or Counselor.  Your Principal or Counselor will deliver it to the Shelter Insurance Foundation Agents’ Scholarship Selection Committee for consideration.**

**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:

Name of Test Score

Dated this day of , .

Signature of Principal or Counselor

Name of High School

Odessa High School

Address of High School

Sylas Hicks

Name of Shelter Insurance® Agent

AAE9301

Agent #