SHELTER INSURANCE SCHOLARSHIP

Please print or type all information requested (use black ink)

1. Personal Data:			
Last Name	First Name		Middle I
Home address	City/State	Zip	Phone
Date of birth	M/F	SS#	
Name of Parents/Gu Address if different	ardians	P	hone (if differen
"I certify that all of true, complete, and and are made in goo	correct to the best of	in this ap	oplication are
			Date
Student			
			Date
Parent			

		NO
Γotal number in household	number employed full tim In family household	number in family attending college including yourself
Number of brother and sisters	older than you	younger than you
Financial Need: In the space provided, please tax return.	e indicate your family's	s adjusted gross income from last years
Under \$30,000	\$30,000 to \$60,0	000\$60,000 and over
Important: If you do not inc	licate income level, abo	ove \$60,000 and over will be assumed.
VOCATIONAL AND COL Vocation you plan to pursue		
List your top three college co	the state of the s	
In the budget form below, p meeting these costs for the	lease list your anticipaschool, August to June:	ted expenses and your resources for
ESTIMATED EXPENSES SCHOOL YEAR Tuition & Fees Books & Supplies Room & Board Misc Expenses Total	THE Stude Paren Veter Colle	E SCHOOL YEAR ent School Savings ents Contribution rans Benefits ege Awarded Scholarships r
Explain any special person		you believe merits consideration.

Sports		Lettered
ion/Club Name	Offices Held	Year
	ion/Club Name	Sports

CHURC	TH AND COMMUNITY ACTIVITIES:	N	0
	pace below, list your memberships and/or on an activities.	ffices held in your church	and
PAID V	OYMENT AND COMMUNITY SERVICE WORK EXPERIENCE s you have held over the past four years. Sing and work on a family farm or for a family farm or farm	tart with the most recent a	Hours
			worked
List vol years. S	NTEER SERVICE EXPERIENCE funteer work or community service you per start with the most recent. Please list appropries week.	formed without pay over eximate total hours worked	the past four d, not average
Year	Type of Volunteer Service – Name of Organization		Total Hours
		ii ii	

PERSONAL ESSAY	
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On an attached sheet, please type an essay that will help us better understand you as a person and as a student deserving a scholarship. You may wish to tell us about major influences in your life or your lifetime goals. If there is pertinent information that you have not had the opportunity to provide elsewhere in this application, feel free to include it in your essay. Please do not put your name or family name in the essay.

HIGH SCHOOL ACADEMICS:		
Transcript attached	Yes	No