



Agent Name TOBY BOONE WITH TESSA BROWN

Agent Number AE612

Name of High School LIVINGSTON CENTRAL HS

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.

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
LIVINGSTON CENTRAL HIGH SCHOOL
Name of High School
127 EAST ADAIR STREET
Address of High School
SMITHLAND, KY 42081
Address of High School
TOBY BOONE WITH TESSA BROWN
Name of Shelter Insurance® Agent
AE612
Agent #