

**HERMANN INSURANCE SERVICES SCHOLARSHIP**

**DUE APRIL 1<sup>st</sup>**

ELIGIBILITY – Applicant, applicant’s parents, or grandparents must be a client of Hermann Insurance.

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME & ADDRESS OF PARENT/GUARDIAN/GRANDPARENT WHO IS A CLIENT OF HERMANN INSURANCE:

\_\_\_\_\_

**EDUCATION**

NAME OF INSTITUTION YOU PLAN TO ATTEND: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_ FULL/PART TIME: \_\_\_\_\_

( ) 4 yr College/University ( ) Vocational/Tech School ( ) 2 year Community College

WHY DID YOU CHOOSE YOUR FIELD OF STUDY & WHAT ARE YOUR FUTURE PLANS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **PLEASE INCLUDE AN ADDITIONAL SHEET WITH ANY VOLUNTEER/COMMUNITY SERVICE, WORK, ACTIVITIES & EXPERIENCES.**

**GUIDELINES/CRITERIA**

1. Hermann Insurance will award two, \$250 scholarships annually, upon completion of one semester of post-secondary education. Students must provide evidence of GPA and enrollment for the next semester.
2. Applicants, applicant’s parents, or applicant’s grandparents must be a CURRENT client of Hermann Insurance.
3. Applicants must be a Senior in high school.
4. This scholarship is chosen by a blind committee. All identifying information is removed prior to committee review.

I certify that the information provided is complete and accurate to the best of my knowledge.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return applications to Hermann Insurance, PO BOX 678, Rush City, MN 55069, or email to: [judya.hermanninsurance@gmail.com](mailto:judya.hermanninsurance@gmail.com) by April 1<sup>st</sup>.