

HERMANN INSURANCE SERVICES SCHOLARSHIP

DUE APRIL 1st

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, \$1000 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.

Applicants Signature: _____ Date: _____

Return applications to Hermann Insurance, PO BOX 678, Rush City, MN 55069, or email to: judya.hermann.insurance@gmail.com by April 1st.