

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

- PLEASE SUBMIT A 300 WORD ESSAY ON WHY YOU ARE IN NEED OF A SCHOLARSHIP. Please indicate any hardships you have incurred or are incurring.
- PLEASE INCLUDE AN ADDITIONAL SHEET WITH ANY VOLUNTEER/COMMUNITY SERVICE, WORK ACTIVITIES & EXPERIENCES.

GUIDELINES/CRITERIA

1. Hermann Insurance will award 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 must be a Senior in high school.
3. 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@hermannins.com by April 1st.