

Submit application to Mrs. Jones by March 3, 2025.



Agent Name Matthew Sherrel
Agent Number APD3702
Name of High School Carl Junction

Application for the Shelter Insurance Foundation Agents' Scholarship

This scholarship is offered only to, and the application will only be accepted from, seniors graduating from high schools sponsored by a local Shelter Insurance Agent, which may be confirmed by your principal or counselor.

Section I. Information to be supplied by applicant (Please print or type)

Full Name _____
First Middle Last

Date of birth _____

E-mail address and phone number (with area code) of applicant – please print clearly or type

Full name of parent(s) or guardian(s) _____

E-mail address, mailing address, and phone number (with area code) of parent(s) or guardian(s) – please print clearly or type

Note: All communication from Shelter to the applicant and the applicant's parent(s) or guardian(s) shall occur via email, including the transmission of any documentation.

Section II. 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, university, or trade school, accredited by the U.S. Department of Education, do you plan to attend? _____
(Attendance must begin no later than the September following high school graduation.)

Please list all other scholarships, awards, or financial aid for which you have applied, and of those, which have been granted for the coming school years.

Name of Financial Aid

Value

Has it been granted to you?

What is your planned program of college study; 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 they are not a natural born or legally adopted child of any Shelter Insurance® employee or contracted agent.

Signature of Applicant

After you have completed your part of this application, present this to your principal or counselor. Your principal or counselor will deliver it to the Shelter Insurance Foundation Agents Scholarship Selection Committee for consideration.

Section III. Information to be supplied by principal or counselor

This is to certify that the above applicant ranks _____ in a class of 211 seniors.
Date of high school graduation will be May 16, 2025. The applicant has taken the following college entrance examinations under a statewide testing program:

Name of Test: _____ Score: _____

Dated this _____ day of _____, _____.

Signature of Principal or Counselor

Carl Junction High School
Name of High School

206 S Roney St
Carl Junction MO 64834
Address of High School

Matthew Sherrel
Name of Shelter Insurance® Agent

AAP 3702
Agent #