

HT & C Mutual Insurance Company

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SCHOLARSHIP AWARD APPLICATION

NAME:

COMPLETE ADDRESS:

SECONDARY SCHOOL:

HT&C MUTUAL POLICY HOLDER NUMBER:

RELATIONSHIP OF POLICY HOLDER TO YOU:

SCHOOL INVOLVEMENT:

On a separate sheet of paper please type and detail the activities and the number of years you have been involved in these activities. A staff advisor with their school phone number must verify your participation in the reported activities.

COMMUNITY INVOLVEMENT:

On a separate sheet of paper type and detail the activities and the number of years you have been involved in these activities. Community sponsors with their phone numbers must verify your participation in each of the reported activities.