Marcellon Courtland Springvale Mutual Insurance Scholarship Application - Page 1

NAME		
HOME MAILING AD	DRESS	
CITY	STATE	ZIP CODE
TELEPHONE		
DATE OF BIRTH		
POLICY NUMBER OI		ND-SPRINGVALE MUTUAL
TELEPHONE		
	APPLICANT	
If unknown, please list in order		AN TO ATTEND. The applied or intend to apply. Use official school age, two year community college, or two year
SCHOOL:		
CITY:	STATE:	
SCHOOL:		
	STATE:	

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ACADEMIC RECORD Overall Grade Point Average: (Attach a Certified Copy of Transcript) Honors Received: **COMMUNITY SERVICE** Have you been involved in service learning/community service projects and/or tutor/mentoring or teaching assistant programs? If yes, please describe your involvement. Membership in Organizations and Positions Held: Volunteer Work: **Independent Projects:**

EXTRACURRICULAR ACTIVITIES

Describe Involvement (sports, cultural, school clubs, church groups, etc.) Please include time involved.

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WORK EXPERIENCE

Describe your work experience during the past four years.
Employer/position:
Employer/position:
Employer/position:
STUDENT ESSAY
Please attach an essay of not more than 300 words outlining your future goals, listing experiences and accomplishments that help define you as the successful person you are today. Explain why you are deserving of this scholarship.
CERTIFICATION
I acknowledge that decisions of Marcellon- Courtland-Springvale Mutual Insurance Company are final. I certify that I meet the basic eligibility requirements as described in this application packet and that the information provided is complete and accurate to the best of my knowledge. I understand that falsification of information may result in termination of any scholarship granted.
Applicants Signature:
Date: