

The Lindfors Agency Scholarship, In Memory of Vernon Lindfors

Lindfors Agency will be awarding one \$500.00 scholarship to a graduating senior who will be going to a post secondary school, technical school or entering the military. The only requirement is that the students or his/her parent(s) have insurance with Lindfors Agency.

SCHOLARSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Date of Birth _____

Parent(s) or Guardian(s) Name _____

Address _____

(If different from above)

Company & Policy Number insured with Lindfors Agency:

Name of High School you Attend _____

Name of School you plan to Attend _____

Have you been accepted to this school? YES NO

What is your anticipated field of study? _____

PLEASE READ CAREFULLY: I am applying for the Lindfors Insurance Agency scholarship, in memory of Vernon Lindfors. I have read and understand the application criteria. I hereby certify that all of the information provided by me on this application is true and accurate to the best of my knowledge. I understand that the information provided by me may be verified by Lindfors Agency.

Date

Applicant Signature

Date

Parent Signature