

Maywood Insurance Agency Scholarship Application

Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Email Address: _____

Education Information

High School: _____

City: _____ State: _____ Graduation Date: _____ GPA: _____

College Attending: _____

Major/Intended Major: _____ Full-time Part-time

Special Achievements/Honors and Recognition

Extra-Curricular Activities/Community Involvement/Employment

On a separate sheet please answer the following questions (may be hand written in blue or black ink or typed:

1. Why should you be considered for this scholarship?
2. How have you improved your school/community?

Student Signature _____ Date _____