

# 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:

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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