

BISHOP MUTUAL INSURANCE COMPANY

SCHOLARSHIP AWARD

DUE APRIL 1, 2021

SCHOLARSHIP APPLICATION

Applicant Name _____

Address _____

Telephone Number _____

Birth Date _____ Age _____

School Presently Attending _____

Grade Point Average _____ High School Graduation Date _____

Name of School You Plan to Attend _____

Parents Name(s) _____

Address _____

Grandparents Name(s) (If Insured with Bishop Mutual)

Telephone Number _____

Names of Teacher References (Please Print)

1. _____

2. _____

3. _____

Please write a short essay describing:

1. Contributions you have made to your school, community, and employment.
2. Your needs for these funds.
3. Why you are choosing to attend your particular college.
4. What you expect to accomplish in your particular career.
5. A lifetime goal; describe something you want to be remembered for doing in your lifetime.