

**VERNON EDDA MUTUAL INSURANCE SCHOLARSHIP APPLICATION**

**Date:** \_\_\_\_\_

**Please return this form to your high school scholarship committee.**

**Name of High School:** \_\_\_\_\_

**Student's name:** \_\_\_\_\_

**Parents' name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name of post high school institution student will attend:**

\_\_\_\_\_

\_\_\_\_\_

**Student: Write a brief paragraph describing why you qualify for this award:**

**School Official's signature and title:** \_\_\_\_\_