



Scholarship Application

Name _____
First Middle Last

Current address _____
Street Apartment number

City State ZIP

Cell phone _____ Home phone _____

Email _____

Date of birth _____ SSN (last 4 digits) _____

Application Deadline
Applications must be submitted by **June 30 for fall semester**
or **October 31 for spring semester.**

Please indicate scholarship qualification category by checking the appropriate box:

- Surviving, unmarried spouse of a person who was employed by a Texas Mutual Insurance Company policyholder and whose compensable work-related injuries qualify him/her for lifetime income benefits under Section 408.161 of the Texas Workers' Compensation Act.
- Individual who was employed by a Texas Mutual Insurance Company policyholder and whose compensable work-related injuries qualify him/her for lifetime income benefits under Section 408.161 of the Texas Workers' Compensation Act.
- Surviving, unmarried child between the ages of 16 and 25, of a person who was employed by a Texas Mutual Insurance Company policyholder and whose compensable work-related injuries qualify him/her for lifetime income benefits under Section 408.161 of the Texas Workers' Compensation Act. If so, please provide parents' names below.

Parents' names (complete only if scholarship applicant is child of injured or deceased worker):

Parent 1 _____

Parent 2 _____

Information regarding injured or deceased person Claim number _____

Name _____
First Middle Last

SSN (last 4 digits) _____ Date of injury/death _____

Injured or deceased person's employer at the time of injury _____

Employers' address _____
Street City State ZIP

Phone number _____

Applicant's high school information

Name of high school _____

Address _____
Street City State ZIP

Graduation date _____ GPA _____

Educational institution planning to attend

Name of school/institution _____

Address _____ EIN _____
Street City State ZIP School's employee identification number

Type of educational institution (check one) College/university (four-year undergraduate degree)

Junior/community college (two-year undergraduate degree) Trade/vocational school

Financial aid office contact _____
Name Phone Email

Financial aid office address _____
Street City State ZIP

I am applying for a scholarship for the _____ — _____ academic year. Student ID _____

What are your housing plans? At home On campus Off campus

Do you plan to attend summer school? Yes No

Major field of intended study _____

Career objective _____

Cost of attendance for the application year \$ _____

*Contact financial aid office for this information

Have you been awarded any other scholarships or grants? _____

If so, please list them and indicate the amount of each _____

I hereby apply for a scholarship from Texas Mutual Insurance Company. I agree to allow the school to send a copy of each quarter's (or semester's) grades to Texas Mutual Insurance Company. I fully understand that compliance in this matter is necessary for funds to be paid. I understand and agree that this scholarship program and all awards made under the program are totally discretionary and that the program and awards may be altered or discontinued at any time without notice.

I certify that the above information contained in this application is true and correct to the best of my knowledge and belief. I hereby consent for Texas Mutual Insurance Company, its agents, employees, or designees to contact and verify any information contained in this application with any individual, government, educational institution, or other entity.

I consent to Texas Mutual Insurance Company publishing my name, my city of residence, the scholarship award, and the school I will attend if I am awarded a scholarship.

Signature of scholarship applicant

Date

Signature of parent/guardian (if under 18)

Date

Note: Additional required documents on following page



Additional required documents for scholarship application

1. **Transcripts:** This includes latest high school transcript of grades or latest college/technical school transcripts (if attended)
2. **Letter of admission:** This document is only required if entering as a freshman
3. **Cost of attendance:** The educational institution's financial aid office or application website typically has this information
4. **Tuition bill or account statement:** Bill or statements should cover the upcoming semester including details of any financial aid awarded

You can also submit any of the following information you wish to be considered in support of your application.

- **Letters of recommendation**
- **Other information:** This supplemental information can include community service, extracurricular activities or any other matters

Please return your completed application and all required documentation to:

Texas Mutual Insurance Company
Office of the President
2200 Aldrich Street
Austin, Texas 78723

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or **October 31 for spring semester.**

With a few exceptions, an individual may upon request be informed about the information that Texas Mutual Insurance Company collects about them, receive and review that information, and correct incorrect information. To learn more about the information that Texas Mutual Insurance Company may collect, please call (800) 859-5995 and select the option to speak with an information specialist.

Texas Mutual is a registered service mark of Texas Mutual Insurance Company.