

WORK SAFE, TEXAS[®]

Scholarship Renewal Application

Name First	Middle		Last			
Current address	Street		Apartme	nt number		
	City	State		ZIP		
Cell phone		Home phor	Home phone			
Email						
Renewal scholarship for the		academic	academic year.			
What are your housing plans? \Box At home \Box On campus \Box Off campus						
Do you plan to attend summer school? \Box Yes \Box No						
Major field of inte	ended study					
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 identify and state the amount of each						

If you are changing schools, please complete the following information:

Name of school planning	to attend				
Address				EIN	
Street	City	State	ZIP	School's Employee	Identification Number
Type of educational in College/university (four- Trade/vocational school Student ID	year undergraduate d	legree) 🗆 Junior/c	ommunity	college (two-year u	undergraduate degree)
	Name	Phone		Email	
Address					
Street		City	S	tate	ZIP

2200 Aldrich St. | Austin, Texas 78723-3474 | (800) 859-5995 | texasmutual.com

List years and amounts of past Texas Mutual scholarships:

Academic year	Amount \$
Academic year	Amount \$
Academic year	Amount \$
Academic year	Amount \$

I hereby apply for a scholarship from Texas Mutual Insurance Company. I hereby consent for Texas Mutual Insurance Company to verify the contents of this application. 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 on a regular basis. 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 information contained in this renewal 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

Date

The following documents must be included with your renewal application:

- 1. Latest transcript
- 2. Cost of attendance information for application year from financial aid office or website
- 3. Tuition bill or account statement for upcoming semester that includes details of any financial aid awarded
- 4. Any other information you would like us to consider in support of your application

Please return your completed application and all required documentation to:

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

Application Deadline

Applications must be submitted by **June 30 for fall semester** 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.