

Ball Insurance Agency

Scholarship Application Form

Name: _____ Birth Date: _____

High School: _____ Grade: _____

Mailing Address: _____

Phone #: _____ E-Mail: _____

GPA: _____ Major Being Pursued: _____

College/University/Community College/Vocational School Planning to Attend: _____

Are you working a part time job while attending high school? _____

If so what are your duties? _____

Do you assist with family and household duties? _____

If yes, in what way? _____

How many are in your household? _____

Please list any community involvement, volunteer involvement, activities and hobbies: _____

Please explain why you would like to be considered for this scholarship, and how it would help you financially: _____

Additional comments or useful information: _____
