



## SCHOLARSHIP APPLICATION

### GENERAL INFORMATION

Golden Plains Insurance would like to award a \$1,000 scholarship for the 2019-2020 Academic school year to a deserving 2020 high school graduate. Guidelines for this scholarship are as follows:

1. Recipients must be attending college on a full-time basis for the 2020-21 Academic school year and be enrolled in an accredited degree program.
2. The recipient will be chosen by Golden Plains Insurance on the basis of the following application and required documents. (Financial need is not a requirement.)

Please complete the attached application and return to:  
Golden Plains Insurance  
311 S. 5<sup>th</sup> Street  
PO Box 1196  
Lamar, CO 81052

**By 5:00 P.M. Friday April 17, 2020.**

The following must be included with your application:

- a. Official high school transcript.
- b. Three (3) letters of recommendation from an instructor, counselor, or coach.
- c. Autobiographical statement of why you would be a good candidate for this scholarship and what your educational and long-term career goals are.

# SCHOLARSHIP APPLICATION

PLEASE TYPE

Name \_\_\_\_\_  
Last First Middle

Permanent address \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_ City State Zip Code

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Grade Point Average \_\_\_\_\_

## COLLEGE PLANS

Major \_\_\_\_\_

Do you plan on attending a two-year or four-year college \_\_\_\_\_?

Where do you plan to attend \_\_\_\_\_?

If you plan to attend a two-year college plan to transfer to a four-year college or University?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where do you plan to attend \_\_\_\_\_

## VOLUNTEER ACTIVITIES

Name any community or school organizations in which you participated. (Include vocational student organizations)

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Describe any volunteer activities in which you are involved.

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I hereby authorize the selection committee of Golden Plains Insurance Scholarship to obtain from my school or from any other source such information or dates as it may require in connection with this application.

I understand that, if awarded this scholarship, it may be withdrawn unless I maintain a satisfactory academic standing as required for this scholarship.

I certify this application is accurate.

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(Please sign here)

Date