



Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am applying for a scholarship for the \_\_\_\_\_ - \_\_\_\_\_ academic year.

Major Field of Intended Study \_\_\_\_\_

Career Objective \_\_\_\_\_

Other Types of scholarships or financial aid you have applied for \_\_\_\_\_

Have you been awarded any other scholarships or financial aid? \_\_\_\_\_ If so, please identify and state the amount of each \_\_\_\_\_

Other circumstances which you feel should be considered in reviewing your scholarship request: \_\_\_\_\_

If you have been accepted for admission, please name the school(s): \_\_\_\_\_

Are you currently involved in a lawsuit? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

How did you learn about this scholarship program? \_\_\_\_\_

**FINANCIAL AFFIDAVIT OF FAMILY OF APPLICANT RESIDING IN SAME HOUSEHOLD**

**FAMILY INCOME:** (Average on a monthly basis)

Workers' Compensation Payment \$ \_\_\_\_\_

Disability Insurance \$ \_\_\_\_\_

Other Insurance Payments \$ \_\_\_\_\_

Employment or other income per month of head of household \$ \_\_\_\_\_

Name, address, and phone number of employer \_\_\_\_\_

Applicant's income \$ \_\_\_\_\_

Income and names of other family members living at home:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Financial assistance from any state or federal agency, such as welfare \$ \_\_\_\_\_

Child support payments received on behalf of other children residing in same household with applicant \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

**EXPENSES OF FAMILY:** (Average on a monthly basis)

Rent, house payment \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Incidentals \$ \_\_\_\_\_

Medical & dental bills (not covered by workers' compensation) \$ \_\_\_\_\_

Car payments \$ \_\_\_\_\_

Maintenance for cars, including gas and oil \$ \_\_\_\_\_

Recreation \$ \_\_\_\_\_

Health Insurance payments \$ \_\_\_\_\_

Insurance for cars and house \$ \_\_\_\_\_

Taxes - property \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Gas (for heating) \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Child support payments made to children not residing in applicant's household \$ \_\_\_\_\_

Payments on other bills \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

_____	\$ _____
<b>Total Monthly Expenses</b>	\$ _____
<b>TOTAL ASSETS OF FAMILY:</b>	
Cash on hand or in banks	\$ _____
Stocks, bonds, notes	\$ _____
Mutual Funds	\$ _____
Real Estate	
Home	\$ _____
Other	\$ _____
Automobiles	\$ _____
Other Personal Property _____	\$ _____
Itemized other assets	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>TOTAL LIABILITIES OF FAMILY:</b>	
Credit Union	\$ _____
Real Estate Mortgage	\$ _____
Automobile loans	\$ _____
Other notes or loans	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other bills	
_____	\$ _____
_____	\$ _____
_____	\$ _____

I certify that the above information is true and correct to the best of my knowledge and belief.

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**Signature**

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**Date**

Please list the names of all persons who assisted the applicant in the preparation of this document.

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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 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.

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**Signature**

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**Date**

**NOTE ADDITIONAL DOCUMENTS REQUIRED  
ON FOLLOWING PAGE**



Scholarship Application

**ADDITIONAL DOCUMENTS REQUIRED**

1. Latest high school transcript of grades or college/technical school transcripts (if attended)
2. Financial aid print-out from college or technical school (if applicable)
3. Letter of Admission if entering freshman
4. Letters of recommendation (optional)
5. Standardized test scores for college admission (SAT or ACT)

6. Information from college catalogue or Web site with estimated tuition and fees for upcoming academic semester and calendar year.
7. Death certificate of deceased parent or spouse.
8. Any information you wish us to consider about your community activities, extra-curricular activities or other matters in support of your application.

**Please return your completed application and all required documentation to:**

**Texas Mutual Insurance Company  
Office of the President  
6210 East Highway 290  
Austin, TX 78723-1098**

*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.*

04.05.2005

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