

Scholarship Renewal Application

Name						
First	ľ	Middle	L	ast		
Current address						
	Street			Apartment nu	umber	
	City	Sta	te	ZI	 P	
Cell phone		Hor	ne phone			
Email						
Renewal scholars	hip for the	ac	ademic year.			
What are your ho	ousing plans? \square At h	ome □ On car	mpus 🗆 O	ff campus		
Do you plan to at	tend summer school	? □ Yes □ No				
Major field of intended study						
Cost of attendance	ce for the application	year \$	ntact financial aid	office for this information		
	warded any other scl tify and state the am	nolarships or grai	nts?			
If you are chan	ging schools, pleas	e complete the	e following	information:		
Name of school p	lanning to attend					
Address	City	State	ZIP	EINSchool's Employee Iden	tification Number	
Type of educati	onal institution (che	eck one helow)				
	Sity (four-year undergradua		/community	college (two-vear unde	raraduate dearee)	
☐ Trade/vocation	•	,	, ,		J	
Student ID						
Financial aid office						
Address	Name	Phor	ne	Email		
Street		City	S	tate	ZIP	

Signature		Date
I consent to Texas Mutual Insurance Company pub and the school I will attend if I am awarded a scho		city of residence, the scholarship award,
I certify that the information contained in this rener knowledge and belief. I hereby consent for Texas N designees to contact and verify any information cor educational institution, or other entity.	Autual Insurance Comp	oany, its agents, employees, or
I hereby apply for a scholarship from Texas Mutual Insurance Company to verify the contents of this a quarter's (or semester's) grades to Texas Mutual In matter is necessary for funds to be paid on a regula and all awards made under the program are totally altered or discontinued at any time without notice.	pplication. I agree to a nsurance Company. I fu ar basis. I understand a	llow the school to send a copy of each ully understand that compliance in this and agree that this scholarship program
Academic year	Amount \$	
List years and amounts of past Texas Mutual s	cholarships:	

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.