



Scholarship Application

Texas Mutual Insurance Company • 6210 East Highway 290 • Austin, TX 78723-1098

Name _____
First Middle Last

Address _____
Street Apartment No.

_____ City State Zip

Primary Number () Home Phone ()

Email Address _____

Date of Birth _____ Social Security Number ____ - ____ - _____

Please indicate scholarship qualification category by checking appropriate box:

- Surviving, unmarried spouse of a person who was employed by a Texas Mutual Insurance Company policyholder and whose compensable work-related injuries qualify him/her for lifetime income benefits under Section 408.161 of the Texas Workers' Compensation Act.
- Surviving, unmarried child between ages 16 and 25 of a person who was employed by a Texas Mutual Insurance Company policyholder and whose compensable work-related injuries qualify him/her for lifetime income benefits under Section 408.161 of the Texas Workers' Compensation Act.
- Individual who was employed by a Texas Mutual insurance Company policyholder and whose compensable work-related injuries qualify him/her for lifetime income benefits under Section 408.161 of the Texas Workers' Compensation Act.

Parents' Names: (complete only if scholarship applicant is child of injured or deceased worker)

Father _____

Mother _____

I hereby apply for a scholarship from Texas Mutual Insurance Company. 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. 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 above information contained in this 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

NOTE ADDITIONAL DOCUMENTS REQUIRED ON FOLLOWING PAGE



ADDITIONAL DOCUMENTS REQUIRED

1. Latest high school transcript of grades or college/technical school transcripts (if attended).
2. Letter of Admission if entering freshman.
3. Letters of recommendation (optional).
4. Standardized test scores for college admission (SAT or ACT).
5. Fee bill or information from college catalogue or web site with estimated tuition and fees for upcoming academic semester and calendar year.
6. Detailed report of any financial aid awarded.
7. Any information you wish to be considered in support of your application, i.e., community service, extra-curricular activities or any other matters.

Please return your completed application and all required documentation to:

**Texas Mutual Insurance Company
Office of the President
6210 East Highway 290
Austin, Texas 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 the an information specialist.

06-16-2015

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