



# Scholarship Renewal Application

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

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

Address \_\_\_\_\_  
Street Apartment No.

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

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Estimated amount of tuition and fees per semester for the academic year \$ \_\_\_\_\_

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

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

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

Name of Trade or Vocational School/College/University attending:  
\_\_\_\_\_

Address \_\_\_\_\_  
Street

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

List years and amounts of past *Texas Mutual*<sup>®</sup> scholarships:

Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

Academic Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

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 certify that the information contained in this renewal 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.

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**Signature**

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**Date**

**The following documents must be included with your renewal application:**

1. Latest transcript of grades.
2. Fee bill or information from college catalogue or Web site with estimated tuition fees for upcoming academic semester and calendar year.
3. Any information or other matters you wish 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  
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.*