



Scholarship Application Form

Name: _____

Address: _____

Phone Number: _____ **Email:** _____

High School: _____ **Graduation Date:** _____

School Attending (or plan to attend): _____

Major: _____ **Anticipated Graduation Date:** _____

Career Plans After Graduation:

Extra-curricular Activities and Work Experience:

Please attach a copy of the acceptance letter from the school you will be attending. Return the completed application to Meyer Insurance by April 14, 2017. If you have questions, contact us at **(608) 643-3000**.