

# The Lindfors Agency Scholarship, In Memory of Vernon Lindfors

Lindfors Agency is proud to offer a scholarship program, in memory of Vernon Lindfors, to a graduating high school senior. One scholarship of Five Hundred Dollars will be awarded to a 2014 graduating senior.

The requirements are simple. The applicant, or parents, must be insured with Lindfors Agency. The applicant must be going to attend a post-secondary school, technical school or entering the military.

The winner will be selected by a random drawing. The scholarship will be awarded after receiving a transcript from the school attended upon completion of the first grading period or military training certificate.

The students can pick up an application at any of our Lindfors Agency offices, school counselor or call Lindfors to mail you an application. All applications must be returned to the Lindfors Agency by the deadline.

Sincerely,

Lindfors Agency Staff

**APPLICATION DEADLINE: APRIL 25<sup>th</sup>**

Fax, mail or hand deliver your application to any of the Lindfors Agency offices listed below. Applications can also be emailed to [contactus@lindforsagency.com](mailto:contactus@lindforsagency.com)

120 2<sup>nd</sup> St. NW  
PO Box 87  
Fosston, MN 56542  
Phone: 218-435-6585  
Fax: 218-435-6584

22 Clearwater Ave. NW  
PO Box 907  
Bagley, MN 56621  
Phone: 218-694-6848  
Fax: 218-435-6584

123 Main St.  
PO Box 318  
Clearbrook, MN 56634  
Phone: 218-776-3161  
Fax: 218-435-6584

# The Lindfors Agency Scholarship, In Memory of Vernon Lindfors

Lindfors Agency will be awarding one \$500.00 scholarship to a graduating senior who will be going to a post secondary school, technical school or entering the military. The only requirement is that the students or his/her parent(s) have insurance with Lindfors Agency.

## SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) or Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_

(If different from above)

Company & Policy Number insured with Lindfors Agency:

\_\_\_\_\_

Name of High School you Attend \_\_\_\_\_

Name of School you plan to Attend \_\_\_\_\_

Have you been accepted to this school? YES NO

What is your anticipated field of study? \_\_\_\_\_

**PLEASE READ CAREFULLY:** I am applying for the Lindfors Insurance Agency scholarship, in memory of Vernon Lindfors. I have read and understand the application criteria. I hereby certify that all of the information provided by me on this application is true and accurate to the best of my knowledge. I understand that the information provided by me may be verified by Lindfors Agency.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature