



Independent Insurance Agent

## IIASD Trusted Choice Scholarship Application

Please print and mail to: **IIASD Trusted Choice, Box 327, Pierre SD 57501**

Deadline: **December 23<sup>rd</sup>**

Name of Applicant \_\_\_\_\_

Last First Middle

Home Address \_\_\_\_\_

Street City State Zip

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

Parents Names \_\_\_\_\_

Current occupations of parents \_\_\_\_\_

Family Income reported to the IRS from previous year \_\_\_\_\_

Number of children in family \_\_\_\_\_ Number of brothers/sisters attending college \_\_\_\_\_

Date of graduation from high school \_\_\_\_\_

College or University you plan to attend \_\_\_\_\_

Course of study you plan to pursue \_\_\_\_\_

List activities in which you have participated. Indicate with an (\*), the activities in which you held offices. Use back of paper if necessary.

(9<sup>th</sup> Grade) \_\_\_\_\_

(10<sup>th</sup> Grade) \_\_\_\_\_

(11<sup>th</sup> Grade) \_\_\_\_\_

(12<sup>th</sup> Grade) \_\_\_\_\_

Additional financial aid received, including the amount of aid \_\_\_\_\_

\_\_\_\_\_

### Special Instructions:

1. Each applicant must check that all recommendations are submitted before **December 23<sup>rd</sup>**.
2. A copy of your high school transcript must accompany this application.
3. Applicants must submit two letters of recommendation from faculty members.  
Recommendations letters should be mailed to: **IIASD Trusted Choice, Box 327, Pierre SD 57501**
4. Mail this application to: **IIASD Trusted Choice, Box 327, Pierre SD 57501**