



ASSURED LIFE
ASSOCIATION

Assured Life Association

APPLICATION FOR SENIORS' SCHOLARSHIP

Full Name of Member: _____

Certificate #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Email Address: _____

Name of Class: _____

Name of Institution/College offering Class: _____

Date of Class: _____

Cost of Class: _____

Why you signed up for this class: _____

- A receipt for class fees or tuition issued by the institution or individual offering the class must be submitted with this application.
- Individual must be a benefit member in good standing at time award is made.
- These scholarships are awarded in amounts up to \$100 each and are limited to one award per person per calendar year.

Please call Jerry Christensen at: 1-800-777-9777, Extension 3820 if you have any questions.

Send completed application to **(Note New Address):**

**Assured Life Association
6025 S Quebec St, Suite 320
Centennial, CO 80111**