



“JOEL S. POLLACK MEMORIAL SCHOLARSHIP” APPLICATION

Please print or type

Name _____

Address: _____

Tel Number _____ E-mail _____

Name of high school you are now attending: _____

School address: _____ Tel# _____

What college are you considering for the fall? _____

Attach your transcript and an essay in response to the following question:

You've had an auto accident. What now?

(You can consider how the accident is handled by you and the insurance company as well as the ramifications of the accident)

All submissions must be postmarked on or before Feb. 28, 2012.

****Mail 'First Class' to:**

TriCounty Independent Insurance Agents Association
P.O. Box 316
Albertson, NY 11507-0316

**THIS APPLICATION MAY BE OBTAINED ON THE INTERNET AT:
WWW.TRICOUNTYAGENTS.COM**

**For further information contact our administration office at
516-621-2209 or e-mail: calvertpc@aol.com**

****Note: We cannot accept any application requiring a signature at the post office, nor any fax or email submission.**