

2017 MAFMIC SCHOLARSHIP APPLICATION

Name _____ Telephone _____
Please print or type

Street Address: _____
City/State/Zip _____

Minnesota School Currently Attending _____

A certified copy of my high school transcript has been enclosed. YES NO

What post-secondary school do you plan to attend? _____

Have you been accepted for admission to this school? YES NO

If not, please indicate reason: _____

ESSAY: On a separate sheet of paper please address one of the following topics in 150 typed words or less.

- 1) Describe your involvement in school and community activities and what impact they have had.
- 2) Describe your life goals and objectives.

Parent's Name _____

Parent's Address _____

Parent's Insurance Co (Mutual) _____ Policy No _____

Agent's Name _____ Company phone _____

Please read carefully before signing: "I am applying for the MAFMIC Educational Scholarship. I have read and understand the application criteria. I hereby certify that all the information provided by me on this application is true and accurate to the best of my knowledge. I understand that MAFMIC officials may verify information provided by me."

Applicant Signature

Date

Parent Signature

Date

Mail to : MAFMIC Scholarship Committee
601 Elm Street East - PO Box 880
St. Joseph, MN 56374

Application must be postmarked by March 3rd to qualify.

Office Use Only Date Received _____ Date Reviewed _____

Comments:

MAFMIC SCHOLARSHIP CRITERIA

This educational scholarship was established by the Board of Directors of the Minnesota Association of Farm Mutual Insurance Companies, Inc. (MAFMIC) for presentation to one or more Minnesota high school graduating seniors.

Eligibility guidelines:

- The MAFMIC Scholarship will be presented to Minnesota high school graduating seniors.
- Applicant must be a resident of Minnesota.
- Applicant must be the son or daughter of a parent or legal guardian who is a policyholder from a qualifying mutual insurance company (MAFMIC Member Company).
- Applications must be submitted to the MAFMIC office through a qualified mutual member company.
- Applicant must be graduating from a Minnesota high school.
- Applicant must have an accumulative grade point average of 2.5 for high school. A certified copy of the high school transcript must be included with the application.
- Applicant must be beginning their post-secondary education (college, vocational school or community college) for the first time in the fall following high school graduation.
- Applicant must have been accepted to a post-secondary education facility (i.e. accredited college, university or technical school).
- Applicant must submit a typed essay on a topic chosen by the Scholarship Selection Committee.
- All applications must be **postmarked on or before March 3rd** in the year of issue qualify.

Selection guidelines:

- Members of the Scholarship Selection Committee will review all applications to insure eligibility as an applicant.
- The recipient(s) will be selected by blind assessment from all qualifying applications.
- Only one scholarship per year will be awarded through any single qualified mutual company.
- Scholarship recipients will be notified via mail prior to **May 1st**.

Distribution guidelines:

- A minimum of one scholarship in the amount of \$500 will be awarded each year that there is a sufficient balance in the scholarship fund.
- The scholarship award will be paid jointly to the educational institution and the recipient *following the completion of the first semester* and *prior to* the start of the second semester.

Completed applications should be mailed to:

Scholarship Selection Committee
Minnesota Association of Farm Mutual Insurance Co.
601 Elm Street East - PO Box 880
St. Joseph, MN 56374
Email: info@mafmic.org
Phone (320) 271-0909