

2019 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 15th to qualify.

Office Use Only Date Received _____ Date Reviewed _____

Comments: