

2020 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 the following topic in 150 typed words or less.

1) Describe your involvement in school and community activities and what impact they have had on your life.

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."

Photo/Name Release. I hereby grant Minnesota Association of Farm Mutual Insurance Companies permission to use my name, photograph, video or, other digital media in any and all of its publications including, web-based publications without payment or other consideration.

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 13th to qualify.

Office Use Only Date Received _____ Date Reviewed _____

Comments: