MISSOURI ASSOCIATION
Mutual Insurance Companies

...Missouri Companies Serving Missouri People

SCHOLARSHIP PROGRAM APPLICATION

_____ High School submits

Mr./Ms. _____ as an entrant for the Missouri Association of Mutual Insurance Companies Scholarship Program. This applicant will graduate this spring and plans to continue his/her education in an accredited college or university domiciled within the STATE OF MISSOURI.

STUDENT'S HOME ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

TELEPHONE _____ SOCIAL SECURITY NO. _____

Students Signature _____ Date _____

Principal or
Counselor's Signature _____ Date _____

College, university or other educational institution the student plans to attend (indicate name of school and address)
First Choice _____

Second Choice _____

NOTE: PLEASE RETURN YOUR COMPLETED APPLICATION TO YOUR <u>LOCAL</u> MUTUAL INSURANCE COMPANY BEFORE MARCH 1.

Applicant number _____
(For MAMIC office use only)

OBJECTIVE CRITERIA LIST

MAMIC SCHOLARSHIP PROGRAM

Part I, II, and III of this form are to be completed by the applicant's principal or counselor. Parts IV, V, and VI are to be completed by the applicant. Both pages must be returned to your local mutual insurance company, and all questions must be answered. (Please type or print legibly)

I. College entrance examination score (ACT or SAT)
Note: Please circle the type of examination taken.

(ACT) composite score
OR
(SAT) combined score _____

II. Student's cumulative high school grade point average (GPA)
Excluding spring semester of senior year. _____

III. Please list student's classes for terms indicated.

Junior Year	**Grade**	**Senior Year First Semester**	**Grade**

PLEASE NOTE ANY HONOR CLASSES

Principal or
Counselor's Signature _____ Date _____

Objective Criteria List:

IV. Financial Need- In the space provided, please indicate your family's adjusted gross income from last year's tax return.

Adjusted Gross Income from last year's tax return.

_____under $25,000
_____$25,000 to $40,000
_____$40,000 to $60,000
_____$60,000 to $80,000
_____$80,000 to $100,000
_____over $100,000

Total Number of family members living at home:_____

Number of dependents in your parent's family including yourself:
Children___Ages___No. Attending College (including yourself)___

Other financial considerations which need to be noted:

_____
_____
_____
_____
_____

V. Extracurricular Activities- Organizations and Clubs (show years of involvement: also, please indicate any office held):

_____
_____
_____
_____
_____

Honors and Awards_____
_____
_____

Community or Other Activities_____
_____
_____

VI. Work Activities- Are you now employed? Yes____ No____
If yes, what type of work and how many hours per week?_____

Objective Criteria List

VII. Work Activities- Continued

Describe your other work activities (such as family farm, helping at home, family business):

In the space provided below, please describe in 75 words or less and in your own words and handwriting why you would want to be a recipient of the Missouri Association of Mutual Insurance Companies Scholarship, the course of study or major field of interest you plan to follow, your proposed occupation or profession, and any other abilities you have that were not previously mentioned in this form.

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COME HOME

COLLEGE/UNIVERSITY SCHOLARSHIP

Purpose: To provide a scholarship to a student who has some type of relationship with a member company of the Missouri Association of Mutual Insurance Companies. Said student must be a relative of a director, agent, employee or policyholder of said member company.

Award: One time $1,000.00 scholarship made payable to the student and a Missouri college or university.

Selection Criteria:

1. Student must be a junior or senior enrolled in a Missouri college or university
2. Student must be a resident of Missouri
3. Student must be related to a director, agent, employee or policyholder of a member company of the Missouri Association of Mutual Insurance Companies.
4. Student must have a minimum of a 2.5 gpa on a 4.0 scale.

Please note that preference may be given to students who have demonstrated an interest in an insurance career through internships, part-time insurance employment or other related activities.

Selection Procedure: Student must be nominated by a MAMIC member company and student must write a letter to the association expressing their desire to receive the scholarship and the reasons why they feel they should be the recipient. Student must also provide documentation of enrollment and grade average. **(there will not be an application to complete, the letter and supporting documents will be the primary means of making the final selection)** The nomination and student letter may be sent to the MAMIC office via mail, fax or e-mail.

The recipient and an alternate will be selected by a majority vote of the MAMIC board of directors.

The nomination from the member company and the letter and supporting documents from the student must be in the MAMIC office by April 1. The scholarship recipient will be announced on or about June 1 and the awarding of the scholarship will be done prior to the start of the fall semester.

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