

# 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 written essay on a topic chosen by the Scholarship Selection Committee.
- All applications must be postmarked on or before March 15<sup>th</sup> in the year of issue to 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 company.
- Scholarship recipients will be notified via mail prior to April 15<sup>th</sup>.

## 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 Cos.  
601 Elm Street East – PO Box 880  
St. Joseph, MN 56374  
E-mail: [info@mafmic.org](mailto:info@mafmic.org)  
Phone: (320) 271-0909

# 2011 MAFMIC SCHOLARSHIP APPLICATION

Name \_\_\_\_\_  
Please print or type.

Telephone \_\_\_\_\_

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 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 Company \_\_\_\_\_

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 15<sup>th</sup> to qualify.**

Office Use Only      Date Received \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Comments: