

# 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 \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 LOCAL 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	_____ \$60,000 to \$80,000
_____ \$25,000 to \$40,000	_____ \$80,000 to \$100,000
_____ \$40,000 to \$60,000	_____ 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:

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

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Honors and Awards \_\_\_\_\_

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Community or Other Activities \_\_\_\_\_

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- 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.