FARMERS MUTUAL INSURANCE COMPANY
SCHOLARSHIP APPLICATION
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Name	Date of Birth
Please print or type Street Address	SSN
City/State/Zip	Telephone
Minnesota School Currently Attending	
A certified copy of my high school transcript <u>MUS</u>	<u>T</u> be enclosed.
What post-secondary school do you plan to attend	?
Have you been accepted for admission into this sch	nool? Yes No
If Not, please indicate reason:	
ESSAY: On a separate sheet of paper please addre less.	ess the following topics in 150 words or
Describe your involvement in school and communi had. What are your plans for the future?	ty activities and what impact they have
Parents Name	
Parents address	
Agents Name	Policy Number
Please read carefully before signing: "I am applyin Scholarship. I have read and understand the applic the information provided by me on this application knowledge. I understand that Farmers Mutual offi by me."	cation criteria. I hereby certify that all 1 is true and accurate to the best of my
Applicants Signature	Date
Parent Signature	Date

# Farmers Mutual Insurance Company

## **Education Scholarship**

Farmers Mutual is offering an educational scholarship to be presented to a Minnesota high school graduating senior. Those who qualify must be a resident of Minnesota and the son or daughter of a policyholder of Farmers Mutual Insurance Company.

The recipient of the Farmers Mutual Education Scholarship will be selected by blind assessment. The scholarship award will be paid jointly to the educational institution and the recipient prior to the start of the second semester.

All applications must be submitted to your family's insurance agent, who represents Farmers Mutual Insurance Company, or to the Farmers Mutual home office at 25380 State Hwy 13, Manchester MN 56007.

### To be eligible to apply for the scholarship:

- 1. Applicants must be the son or daughter of a policyholder of Farmers Mutual Insurance Company
- 2. Applicant must be beginning their post secondary education (college, vocational school or community college) for the first time the fall following high school graduation.
- 3. Applicant must have an accumulative 3.0 Grade Point average. Enclose a certified copy of your high school transcript.
- 4. Applicant must be graduating from a Minnesota high school.
- 5. Applicant must be a resident of Minnesota.
- 6. Applicant must submit a written essay on a topic chosen by the scholarship selection committee.
- 7. All applications must be postmarked on or before April 1 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.
- Scholarship recipients will be notified via mail by May 1.

#### **Distribution Guidelines.**

- A minimum of 2 scholarships in the amount of \$500 will be awarded each year.
- 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:

Farmers Mutual Insurance Company 25380 State Hwy 13 Manchester MN 56007 e-mail: general@manchestermutual.com Phone: (507)826-3425 Fax: (507)826-3447