

Missouri Association
Mutual Insurance Companies



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 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:

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

