



Phone 660-265-3596 • P.O. Box 96 • Milan, MO 63556

Dear Counselors,

February 6, 2023

It is once again time to apply for the Farmers Mutual Insurance Company of Sullivan County and the Missouri Mutual Insurance Company (MAMIC) Scholarships. There have been changes in the application process in recent years. There is a paper application for our local scholarship and an on-line application for our state scholarship.

If the student is applying for the local scholarship with Farmers Mutual Insurance Company of Sullivan County, please complete the paper application that is included with this letter. Please make copies of this application as needed for your students. All completed applications should be mailed to: Farmers Mutual Insurance Company, PO BOX 96, Milan, MO 63556 or the applications may be dropped by the office at 115 South Market Street in Milan.

The MAMIC Scholarship is a scholarship in the amount of \$1,000. The application for this is to be completed on-line only. The guidelines and deadlines for this application are separate and different from our local office. All information regarding this scholarship is found at the MAMIC website at <https://www.mamic.net/scholarships/>

The Farmers Mutual Insurance Company of Sullivan County will award one \$200 scholarship to a student from each of the three high schools in Sullivan County.

The deadline for submission of applications for the local scholarship is **March 3, 2022.** **NO LATE APPLICATIONS WILL BE ACCEPTED.**

If you have any questions about the application process please call me at: 660-265-3596.

Thank you for participation in our Scholarship Program. We look forward to receiving your students' applications.

Sincerely,

Beth Mino

Secretary-Treasurer

FARMERS MUTUAL INSURANCE COMPANY
OF SULLIVAN & ADJJOINING COUNTIES .

SCHOLARSHIP PROGRAM APPLICATION

_____ High School submits

Mr./Ms. _____ as an entrant for the

**FARMERS MUTUAL INSURANCE COMPANY OF SULLIVAN AND
ADJOINING COUNTIES 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.

STUDENTS HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: _____

Student's Signature: _____ Date: _____

Principal or Counselor's Signature: _____ Date: _____

College, University or other Educational Institution the student plans to attend (School name and address):

First Choice: _____

Second Choice: _____

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

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.