

# MISSOURI ASSOCIATION Mutual Insurance Companies

...Missouri Companies Serving Missouri People



DUE TO MRS. CLEMENTS on or before:

Friday, 2/19

## 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<br>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? \_\_\_\_\_

