

Scholarship Program Application

_____ High School submits

Mr./Ms. _____ As an entrant for the
**FARMERS MUTUAL INSURANCE COMPANY OF CLINTON COUNTY, PLATTSBURG,
MISSOURI** scholarship program. The applicant will graduate this spring and plans to continue
his/her education in an accredited college/university or technical school domiciled in the **STATE
OF MISSOURI.**

STUDENT'S HOME ADDRESS: _____

City _____ State _____ Zip _____

Student's signature: _____ Date: _____

Principal or Counselor's Signature: _____ Date: _____

College, university or other educational institution the student plans to attend:

1st Choice: _____ Address: _____

2nd Choice: _____ Address: _____

NOTE:

**Please return your completed application to:
Farmers Mutual Insurance Company of Clinton County
202 W. Maple Street
Plattsburg, MO 64477**

Deadline: March 1st

**OBJECTIVE CRITERIA LIST
FARMERS MUTUAL INS. COMPANY SCHOLARSHIP PROGRAM**

Part I, II, III and IV of this form are to be completed by the applicant's principal or counselor. Parts V, VI, and VII are to be completed by the application. **Both** parts must be returned to Farmers 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 Composition Score
Or
SAT Combine Score _____

- II. Student's cumulative high school grade point average (GPA)
Excluding spring semester or senior year.

- III. Rank in Class _____ Number of students in Class: _____

IV.

Junior Year	Grade	Senior Year 1 st Semester	Grade

Please note any honor classes

Principal or
Counselor's Signature: _____ Date: _____

Objective Criteria List:

V. Financial Need – In the space provided, please indicate your family’s adjusted gross income from last year’s tax return.

_____ Under \$15,000

_____ \$35,000 to \$50,000

_____ \$15,000 to \$25,000

_____ \$50,000 to \$75,000

_____ \$25,000 to \$35,000

_____ \$75,000 to \$100,000

_____ \$100,000 to \$150,000

_____ Over \$150,000

Total Number of family members living at home: _____

Number of dependents in your parent’s family including yourself:

Children _____ Ages _____ No. Attending College: _____

Other financial considerations, which need to be noted:

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 cont.:

VII. Work Activities - Continued

Describe your other work activities (such as family farm, helping at home, family business etc.):

In the space provided below, please describe in 75 words or less (**in your own words and handwriting**) why you want to be a recipient of the FARMERS MUTUAL INSURANCE COMPANY'S 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.

Thank you.