



MISSOURI ASSOCIATION
MUTUAL INSURANCE COMPANIES
MAMIC SCHOLARSHIP APPLICATION

_____ High School submits

Mr./Ms. _____ as an entrant for the

Missouri Association of Mutual Insurance Companies Scholarship Program. This applicant

will graduate in the spring and plans to continue his/her education at _____

Applicant's Home Address _____

City _____ State _____ ZIP _____

Phone Number _____ Social Security # _____

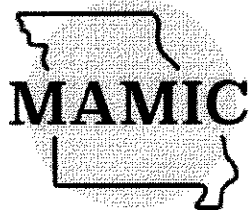
Applicant Signature _____ Date _____

Principal (or counselor) signature _____

Education Institution the student plans to attend _____

Second Choice _____

Please Return this completed application to your LOCAL Mutual Agency.



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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.

I. College entrance examination score (ACT or SAT)
(Please indicate which test was taken)

ACT
SAT

II. Applicant's cumulative high school GPA (excluding spring senior)

III. Please list applicant's classes for the semesters indicated

Junior	Grade	Senior 1 st	Grade

PLEASE NOTE ANY HONOR CLASSES

Principal or
Counselor's Signature _____ Date: _____

IV. Financial Need - In the space provided, please indicate your family adjusted gross income from last year's tax return.

ADJUSTED GROSS INCOME FROM LAST YEARS RETURN (mark one)

- _____ LESS THAN \$25,000
- _____ \$25,000 - \$40,000
- _____ \$40,000 - \$60,000
- _____ \$60,000 - 80,000
- _____ \$80,000 - \$100,000
- _____ OVER \$100,000

Total number of family members living at home _____

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

Children _____ Ages _____ # attending college _____



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Other financial considerations which need to be noted.

V. Extracurricular - Organizations and Clubs (# years involved and/or office held)

Honors and Awards

Community and Other Activities

VI. Work Activities - Are you now employed? YES / NO

If yes, what type of work and how many hours per week?



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MUTUAL INSURANCE COMPANIES

In the remaining space provided below, please describe in 75 words or less and in your own words AND handwriting why you would want to receive this 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 mentioned in on this form.
