

Attached is a scholarship application that you can make available to your graduating seniors. This is a \$1,000 scholarship. This scholarship is open to any student who will be attending an in state college in the fall. The application MUST be returned to our office to be presented to the scholarship provider. Please see that they are returned to me no later than FEBRUARY 25, in order for me to forward them by the March 1 deadline. If the applications are sent directly to MAMIC, they will be discarded.

Thank you

*Sheila Suess
Vogel - West Side Insurance
2413 Hyde Park Rd
Jefferson City, MO 65109*



MAMIC 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.



MISSOURI ASSOCIATION

MUTUAL INSURANCE COMPANIES

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 _____



MISSOURI ASSOCIATION MUTUAL INSURANCE COMPANIES

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?



MISSOURI ASSOCIATION

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.