

# 2021 MAFMIC SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Please print or type

Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Minnesota School Currently Attending \_\_\_\_\_

A certified copy of my high school transcript has been enclosed. YES NO

What post-secondary school do you plan to attend? \_\_\_\_\_

What do you plan to Major/Minor in? \_\_\_\_\_

Have you been accepted for admission to this school? YES NO  
If not, please indicate reason: \_\_\_\_\_

Essay: On a separate sheet of paper please address the following topic in 150 typed words or less.

1) What are your best accomplishments and what did it mean to you to achieve them?

Parent's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Parent's Insurance Co (Mutual) \_\_\_\_\_ Policy No \_\_\_\_\_

Agent's Name \_\_\_\_\_ Company phone \_\_\_\_\_

**Please read carefully before signing:** "I am applying for the MAFMIC Educational Scholarship and/or The Jim Barta Memorial Scholarship. I have read and understand the application criteria. I hereby certify that all the information provided by me on this application is true and accurate to the best of my knowledge. I understand that MAFMIC officials may verify information provided by me."

*Photo/Name Release. I hereby grant Minnesota Association of Farm Mutual Insurance Companies permission to use my name, photograph, video or, other digital media in any and all of its publications including, web-based publications without payment or other consideration.*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

Mail to : MAFMIC Scholarship Committee  
601 Elm Street East - PO Box 880  
St. Joseph, MN 56374

*Application must be postmarked by March 13th to qualify.*

Office Use Only Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Comments: