MAFMIC SCHOLARSHIP CRITERIA

This educational scholarship was established by the Board of Directors of the Minnesota Association of Farm Mutual Insurance Companies, Inc. (MAFMIC) for presentation to one or more Minnesota high school graduating seniors.

Eligibility guidelines:

- The MAFMIC Scholarship will be presented to Minnesota high school graduating seniors.
- Applicant must be a resident of Minnesota.
- Applicant must be the son or daughter of a parent or legal guardian who is a policyholder from a qualifying mutual insurance company (MAFMIC Member Company).
- Applications must be submitted to the MAFMIC office through a qualified mutual member company. If you apply through an agency please let us know what MAFMIC mutual your agency writes with.
- Applicant must be graduating from a Minnesota high school.
- Applicant must have an accumulative grade point average of 2.5 for high school. A certified copy of the high school transcript must be included with the application.
- Applicant must be beginning their post-secondary education (college, vocational school or community college) for the first time in the fall following high school graduation.
- Applicant must have been accepted to a post-secondary education facility (i.e. accredited college, university or technical school).
- Applicant must submit a typed essay to the topic listed on the application.
- All applications must be **postmarked on or before March 13th** in the year of issue qualify.

Selection guidelines:

- Members of the Scholarship Selection Committee will review all applications to insure eligibility as an applicant.
- Only one scholarship per year will be awarded through any single qualified mutual company.
- Scholarship recipients will be notified prior to May 1st.

Distribution guidelines:

- One \$1,000 Jim Barta Memorial scholarship will be awarded to the highest qualified candidate.
- Also, a minimum of one scholarship in the amount of \$500 will be awarded each year that there is a sufficient balance in the scholarship fund.
- The scholarship award will be paid jointly to the educational institution and the recipient *following the completion* of the first semester and prior to the start of the second semester.

Completed applications should be mailed to: Scholarship Selection Committee

Minnesota Association of Farm Mutual Insurance Co.

601 Elm Street East - PO Box 880

St. Joseph, MN 56374

Email: info@mafmic.org

Phone (320) 271-0909

2020 MAFMIC SCHOLARSHIP APPLICATION

Name		Telephone	
	Please print or type		
Street Add City/State/Z	ress:		
•	School Currently Attending		
A certified copy of my high school transcript has been enclosed			NO
What post-	-secondary school do you plan to attend?		
Have you been accepted for admission to this school? If not, please indicate reason:		YES	NO
	separate sheet of paper please address the following t		
1) Describe	e your involvement in school and community activities	and what impact the	ey have had on your life.
Parent's N	ame		
	ddress		
Parent's Insurance Co (Mutual)		Policy No	
Agent's Name		Company phone	
understand t	l carefully before signing: "I am applying for the MAI he application criteria. I hereby certify that all the inform to the best of my knowledge. I understand that MAFMIC	ation provided by me	on this application is true
name, photog	Release. I hereby grant Minnesota Association of Farm I graph, video or, other digital media in any and all of its pnent or other consideration.		
Applicant Signature		Date	
Parent Sign	nature	Date	
Mail to:	MAFMIC Scholarship Committee		
	601 Elm Street East - PO Box 880		
	St. Joseph, MN 56374		
Application	must be <u>postmarked by March 13th</u> to qualify.		
Office Use O	only Date Received Date	Reviewed	
Comments:			