

LEENTHROP SCHOLARSHIP CRITERIA

This educational scholarship was established by the Board of Directors of the Leenthrop Farmers Mutual Insurance Company, Montevideo MN for the presentation to one or more Minnesota high school graduating seniors.

ELIGIBILITY GUIDELINES

- The Leenthrop Scholarship will be presented to a Minnesota high school graduating senior.
- Applicant must be a resident of Minnesota.
- Applicant must be the son or daughter of a policyholder of Leenthrop Farmers Mutual Insurance Company.
- Applicant must be graduating from a Minnesota high school.
- Applicant must have an accumulative grade point average of 3.0 for the first six semesters of 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 submit a written essay on a topic chosen by Scholarship Selection Committee.
- All applications must be postmarked on or before March 1 in the year of issue to qualify.

SELECTION GUIDELINES

- Members of the Scholarship Selection Committee will review all applications.
- The recipient(s) will be selected by blind assessment from all qualifying applications.
- Scholarship recipient(s) will be notified prior to April 25.

DISTRIBUTION GUIDELINES

- Scholarship(s) in the amount of up to \$500 will be awarded in 2019
- The scholarship award will be paid to the recipient(s) following the completion of the first semester and prior the start of the second semester.

Mail Applications to

Scholarship Selection Committee
Leenthrop Farmers Mutual Ins Co
PO Box 365

Montevideo, MN 56265

Phone: 320-269-6272

www.leenthropmutual.com

**2019 Leenthrop Farmers Mutual
SCHOLARSHIP APPLICATION**

Name _____ Date of Birth _____ Telephone () _____

Address _____

City/State/Zip _____

High 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? _____

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 topics in 150 words or less.

- ❖ Describe your involvement in school and community activities and what impact they have had.
- ❖ Describe your opinion of what educators and leaders can do to better prepare students for their future.

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Leenthrop Farmers Mutual Insurance Policy # _____

Please read carefully before signing: *I am applying for the Leenthrop Educational 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 Leenthrop Mutual may verify information provided by me."*

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Mail to: Leenthrop Farmers Mutual
 Scholarship Committee
 P.O. Box 365
 Montevideo MN 56265**

Application must be postmarked by March 1st, 2019 to qualify.

Office use only Date received _____ Date reviewed _____

Comments: