

**2020 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, 2020 to qualify.

Office use only Date received _____ Date reviewed _____

Comments: