

**2024 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  
              1845 E Hwy 7  
              Montevideo, MN 56265**

**\*\*\*Application must be postmarked by March 1<sup>st</sup>, 2024 to qualify. \*\*\***

Office use only      Date received \_\_\_\_\_      Date reviewed \_\_\_\_\_

Comments: