

2027 Leenthrop Farmers Mutual SCHOLARSHIP APPLICATION

Name _____ Date of Birth _____ Telephone () _____

Address _____ City/State/Zip _____

Email _____

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 1st, 2027 to qualify. *****

Office use only Date received _____ Date reviewed _____

Comments: