

MISSOURI ASSOCIATION Mutual Insurance Companies



...Missouri Companies Serving Missouri People

Ron Borders
President/General Manager

MAMIC SCHOLARSHIP CRITERIA

Eligibility guidelines:

- The scholarship will be presented to Missouri high school graduating seniors.
- Applicant must be a resident of Missouri.
- Applications must be submitted to the MAMIC office through a MAMIC member company and said company may not submit more than five applications.
- Applicant must be graduating from a Missouri high school.
- Applicant must be planning to attend a Missouri college, university, community college or vocational school.
- Applicant must be accepted by said post-secondary education facility.
- All applicants must be **received in a MAMIC member company office by March 1.**

Selection guidelines:

- Local MAMIC member companies may distribute as many applications to high schools in their area as they so desire with instructions that the application must be returned to the **MEMBER COMPANY OFFICE**. Applications received direct in the MAMIC office will not be considered.
- The member company office will be notified if they have submitted an application that was chosen as the recipient and the scholarship check will be sent to the member company office for presentation to the recipient.
- Recipients will be chosen from 8 geographic areas within the state by selection committees from a different part of the state than the applications received.

Distribution guidelines:

- Eight (8) \$1,000.00 scholarships will be awarded each year as long as there is a sufficient balance in the scholarship fund.
- The scholarship award will be paid jointly to the educational institution and the recipient and will be paid prior to the beginning of the fall semester.

Please note a \$1,000.00 scholarship will also be awarded to a student attending a Missouri college or university and will be chosen by the MAMIC board of directors from letters of nomination submitted by MAMIC member companies. Related information such as grade records, work history and any involvement with the insurance industry would be helpful in addition to the letter of nomination.

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College/University Scholarship

Purpose: To provide a scholarship to a student who has some type of relationship with a member company of the Missouri Association of Mutual Insurance Companies. Said student must be a relative of a director, agent, employee, or policyholder of said member company.

Award: One time \$1,000.00 scholarship made payable to the student and a Missouri college or university.

Selection Criteria:

1. Student must be enrolled in a Missouri college or university.
2. Student must be a resident of Missouri.
3. Student must be related to a director, agent, employee, or policyholder of a member company of the Missouri Association of Mutual Insurance Companies.
4. Student must have a minimum of a 2.5 gpa on a 4.0 scale.

Please note that preference may be given to students who have demonstrated an interest in an insurance career through internships, part-time insurance employment or other related activities.

Selection Procedure: Student must be nominated by a MAMIC member company and student must write a letter to the association expressing their desire to receive the scholarship and the reasons why they feel they should be the recipient. Student must also provide documentation of enrollment and grade average. **(There will not be an application to complete, the letter and supporting documents will be the primary means of making the final selection)** The nomination and student letter may be sent to the MAMIC office via mail, fax, or e-mail.

The recipient and an alternate will be selected by a majority vote of the MAMIC board of directors.

The nomination from the member company and the letter and supporting documents from the student must be in the MAMIC office by April 1. The scholarship recipient will be announced on or about June 1 and the awarding of the scholarship will be done prior to the start of the fall semester.

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SCHOLARSHIP PROGRAM APPLICATION

_____ High School submits

Mr./Ms. _____ as an entrant for the

Missouri Association of Mutual Insurance Companies Scholarship Program. This applicant will graduate this spring and plans to continue his/her education in an accredited college or university domiciled within the STATE OF MISSOURI.

STUDENT'S HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ SOCIAL SECURITY NO. _____

Students Signature _____ Date _____

Principal or
Counselor's Signature _____ Date _____

College, university or other educational institution the student plans to attend (indicate name of school and address)

First Choice _____

Second Choice _____

**NOTE: PLEASE RETURN YOUR COMPLETED APPLICATION TO
YOUR LOCAL MUTUAL INSURANCE COMPANY BEFORE MARCH 1.**

Applicant number _____
(For MAMIC office use only)

OBJECTIVE CRITERIA LIST

MAMIC SCHOLARSHIP PROGRAM

Part I, II, and III of this form are to be completed by the applicant's principal or counselor. Parts IV, V, and VI are to be completed by the applicant. Both pages must be returned to your local mutual insurance company, and all questions must be answered. (Please type or print legibly)

I. College entrance examination score (ACT or SAT)

Note: Please circle the type of examination taken.

(ACT) composite score

OR

(SAT) combined score _____

II. Student's cumulative high school grade point average (GPA)
Excluding spring semester of senior year. _____

III. Please list student's classes for terms indicated.

Junior Year	Grade	Senior Year First Semester	Grade

PLEASE NOTE ANY HONOR CLASSES

Principal or
Counselor's Signature _____ Date _____

Objective Criteria List:

- IV. Financial Need- In the space provided, please indicate your family's adjusted gross income from last year's tax return.

Adjusted Gross Income from last year's tax return.

_____ under \$25,000	_____ \$60,000 to \$80,000
_____ \$25,000 to \$40,000	_____ \$80,000 to \$100,000
_____ \$40,000 to \$60,000	_____ over \$100,000

Total Number of family members living at home: _____

Number of dependents in your parent's family including yourself:
Children ___ Ages ___ No. Attending College (including yourself) ___

Other financial considerations which need to be noted:

- V. Extracurricular Activities- Organizations and Clubs (show years of involvement: also, please indicate any office held):

Honors and Awards _____

Community or Other Activities _____

- VI. Work Activities- Are you now employed? Yes ___ No ___
If yes, what type of work and how many hours per week? _____

