



MAIN STREET
MUTUAL INSURANCE

SCHOLARSHIP APPLICATION

(ALL INFORMATION IS CONFIDENTIAL)

_____ High School submits _____ as
an applicant for the Main Street Mutual Insurance, Inc. Scholarship. The
applicant will graduate this spring and plans to continue his/her education in
a 4-year college or 2-year junior college.

Student's Home Address _____

City, State, Zip _____ Phone # _____

Student's Signature _____ Date _____

Principal or Counselor's
Signature _____ Date _____

College, University, or other educational institution and address the student
plans to attend:

First Choice: _____

Second Choice: _____

Please return completed application to your counselor by April 1st.

**Counselor- Applications may be hand delivered to 206 W Main St, Cole Camp OR
mailed to PO Box 157, Cole Camp MO 65325.**

All pages/questions must be completed and returned in order to be considered.

Parts I, II and III are to be completed by the applicant's principal or counselor.
(Please type or print legibly)

Part I. College entrance examination score

Please mark the type of examination taken.

<input type="checkbox"/>	(ACT) composite score	Score _____
<input type="checkbox"/>	(SAT) combined score	
<input type="checkbox"/>	Compass Exam	

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

Part III. Transcript and Attendance Record must be attached to the application.

Parts IV, V and VI are to be completed by the applicant.
(Please type or print legibly)

Part IV. Financial Need -

Please indicate your family's adjusted gross income from last year's tax return:

<input type="checkbox"/>	under \$25,000	<input type="checkbox"/>	\$60,000 - \$80,000
<input type="checkbox"/>	\$25,000 - \$40,000	<input type="checkbox"/>	\$80,000 - \$100,000
<input type="checkbox"/>	\$40,000 - \$60,000	<input type="checkbox"/>	over \$100,000

Parent/Guardian's Name _____

Ages of dependents in your parent/guardian's family including yourself:

Ages _____ No. attending college _____

Other financial considerations, which need to be noted:

What other scholarships are you applying for? _____

Part V. Extracurricular Activities -

Organizations and Clubs -show years of involvement; also, indicate any office held _____

Honors and Awards _____

Community or Other Activities _____

Part VI. Work Activities -

Are you employed? Yes No

If yes, where do you work and how many hours per week? _____

Describe your other work activities (family farm, helping at home, family business) _____

In the space provided below, please describe in *100* words or less why you want to be a recipient of the Main Street Mutual Insurance Scholarship. Also, include the major or course of study you plan to follow, and your proposed profession after completing your courses. You may also include other information you feel would be noteworthy.
(Please type or print legibly)

I hereby certify that the above information is true to the best of my knowledge.

_____ Signature

_____ Date