

**Applicants – Please return completed application to your counselor before April 1, 2024.**

**Complete all sections to be considered for this scholarship. A copy of your Transcript and Attendance Record must be attached to the application.**

**Counselor- Applications may be hand delivered to 206 W Main St, Cole Camp OR mailed to PO Box 157, Cole Camp MO 65325 by April 1, 2024**



## 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: \_\_\_\_\_  
\_\_\_\_\_

**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.*

  
  

(ACT) composite score  
(SAT) combined score  
Compass Exam

Score \_\_\_\_\_

**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:

  
  

under \$25,000  
\$25,000 - \$40,000  
\$40,000 - \$60,000

  
  

\$60,000 - \$80,000  
\$80,000 - \$100,000  
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:

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What other scholarships are you applying for? \_\_\_\_\_

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**Part V. Extracurricular Activities -**

**Organizations and Clubs** -show years of involvement; also, indicate any office held \_\_\_\_\_

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**Honors and Awards** \_\_\_\_\_

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**Community or Other Activities** \_\_\_\_\_

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**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) \_\_\_\_\_

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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)*

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