

**Farm Mutual Insurance  
Of St Francois County  
1109A Ste Genevieve Ave  
Farmington, MO 63640**

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**Application for \$500 Scholarship**

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Total annual income of Father and Mother combined:

\_\_\_\_\_ Under \$20,000 \_\_\_\_\_ \$20,000 - \$40,000 \_\_\_\_\_ \$40,000 - \$60,000 \_\_\_\_\_ Over \$60,000

What percentage of your College Education will be provided by the following:

Parents \_\_\_\_\_ % Part-time Job \_\_\_\_\_ % Loans \_\_\_\_\_ % A+ Scholarship \_\_\_\_\_ %

List any other Scholarships or Awards you have received \_\_\_\_\_

Name of attending High School \_\_\_\_\_

GPA \_\_\_\_\_ Rank in Class \_\_\_\_\_ ACT or SAT Scores \_\_\_\_\_

What professional or business career do you plan to pursue \_\_\_\_\_

If you have selected the College or Vocational School you plan to attend please list \_\_\_\_\_

List Organizations or Clubs you participate in \_\_\_\_\_

Honors and Awards you have earned \_\_\_\_\_

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(Please continue to the Back)

Community and other activities you participate in \_\_\_\_\_

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List below any positions of employment you have held while in school \_\_\_\_\_

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Signature of Student \_\_\_\_\_

Signature of Parent \_\_\_\_\_

**Return Form by March 1**

Please return your completed application to:

**Farm Mutual Insurance  
Of St Francois County  
1109A Ste Genevieve Ave  
Farmington, MO 63640  
573-756-1510**

**Please attach a copy of your High School Transcript**