FARMERS MUTUAL INSURANCE ASSOCIATION
HULL, IOWA
SCHOLARSHIP APPLICATION FORM

Due: March 15, 2026

NAME _____

ADDRESS _____

PHONE (___) ___-____ Cell phone (__) ___- ____ E- Mail _____

PARENT'S NAME _____

FARMERS MUTUAL INSURANCE POLICY # _____

HIGH SCHOOL _____

1. Please write a statement indicating your intended area of study and your future goals, including educational plans and probable career choices.

2. Please list or summarize the school, church, or community activities you have participated in.

3. After you've completed items 1 and 2, ask your Guidance Counselor **and** a teacher of your choice to complete the appropriate academic and character reference forms.

4. Have your Counselor submit the completed application and reference forms directly to Farmers Mutual Insurance Association, PO Box 812, Hull, IA 51239. Or they can email them to: Dave.heynen@fmiahull.com All information will be kept confidential by the selection committee.

5. Scholarship recipients will be notified by April 30, 2026