FARMERS MUTUAL INSURANCE ASSOCIATION HULL, IOWA SCHOLARSHIP APPLICATION FORM

Due: March 15, 2025 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.hevnen@fmiahull.com All information will be kept confidential by the selection committee.

5. Scholarship recipients will be notified by April 30, 2025