



MISSOURI HOMETOWN MUTUAL  
INSURANCE COMPANY

## Scholarship Program Application

\_\_\_\_\_ High School submits

Mr./Ms. \_\_\_\_\_ As an entrant for the MISSOURI HOMETOWN MUTUAL INSURANCE COMPANY scholarship program. The applicant will graduate this spring and plans to continue his/her education in an accredited college/university or technical school domiciled in the STATE OF MISSOURI.

STUDENT'S HOME ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College, university or other educational institution the student plans to attend:

1<sup>st</sup> Choice: \_\_\_\_\_ Address: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Address: \_\_\_\_\_

NOTE:

**Please return your completed application to:  
Missouri Hometown Mutual Insurance Company  
202 W. Maple Street  
Plattsburg, MO 64477**

**Deadline: March 1<sup>st</sup>**

**OBJECTIVE CRITERIA LIST**  
**MISSOURI HOMETOWN MUTUAL INSURANCE COMPANY**

Part I, II, III and IV of this form are to be completed by the applicant's principal or counselor. Parts V, VI and VII are to be completed by the applicant. **Both** parts must be returned to MISSOURI HOMETOWN MUTUAL INSURANCE COMPANY, and all questions must be answered. (Please type or print legibly).

I. College entrance examination score (ACT or SAT)

Note: Please circle the type of examination taken.

ACT Composition Score

**Or**

SAT Combined Score \_\_\_\_\_

II. Student's cumulative high school grade point average (GPA)

Excluding spring semester or senior year. \_\_\_\_\_

III. Rank in Class \_\_\_\_\_ Number of students in Class: \_\_\_\_\_

IV.

Junior Year	Grade	Senior Year 1 <sup>st</sup> Semester	Grade

**Please note any honor classes**

Principal or  
 Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Objective Criteria List:**

**V. Financial Need** – In the space provided, please indicate your family’s adjusted gross income from last year’s tax return.

_____ Under \$15,000	_____ \$35,000 to \$50,000
_____ \$15,000 to \$25,000	_____ \$50,000 to \$75,000
_____ \$25,000 to \$35,000	_____ \$75,000 to \$100,000
_____ \$100,000 to \$150,000	_____ Over \$150,000

Total Number of family members living at home: \_\_\_\_\_

Number of dependents in your parent’s family including yourself:

Children \_\_\_\_\_ Ages \_\_\_\_\_ No. Attending College: \_\_\_\_\_

Other financial considerations, which need to be noted:

Honors and Awards: \_\_\_\_\_

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

**VI. Work Activities** – Are you now employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of work and how many hours per week?

**Objective Criteria List cont.:**

**VII. Work Activities - Continued**

Describe your other work activities (such as family farm, helping at home, family business etc.):

In the space provided below, please describe in 75 words or less (**in your own words and handwriting**) why you want to be a recipient of the MISSOURI HOMETOWN MUTUAL INSURANCE COMPANIES Scholarship; the course of study or major field of interest you plan to follow; your proposed occupation or profession; and any other abilities you have that were not previously mentioned in this form.

*Thank you.*