

Farmers Mutual Fire Insurance Co. of Shelby County-Shelbina MO
\$2500

Deadline: This completed form must be returned to the guidance office no later than March 15.
Additional pages may be attached.

Please attach your senior picture. If you are the scholarship winner, this photo will be used for publicity purposes.

STUDENT NAME: _____

ADDRESS: _____

PARENT'S NAME: _____

PARENT'S OCCUPATION: _____

FAMILY ANNUAL INCOME: _____

NUMBER OF CHILDREN IN FAMILY: _____

CHILDREN UNDER 18: _____ CHILDREN OVER 18: _____

EXTRA-CURRICULAR ACTIVITIES :

HONORS AND AWARDS :

COMMUNITY OR OTHER ACTIVITIES :

WORK HISTORY :

EDUCATIONAL PLANS AFTER HIGH SCHOOL :

CAREER GOALS :

TO BE COMPLETED BY THE COUNSELOR :

APPLICANT :

APPLICANT CLASS RANK ____ IN A CLASS OF ____ STUDENTS.

GPA :

ACT SCORE :

I HAVE REVIEWED THIS APPLICATION AND BELIEVE THAT IT IS CORRECT.

SIGNATURE OF COUNSELOR