



DeKalb Farm Mutual Insurance Company

Serving Allen, DeKalb, Noble, & Steuben Counties

Organized 1878

525 West Michigan Avenue
Auburn, Indiana 46706
(260) 925-2668
Fax (260) 925-2752
www.dekalbfarmmutual.com

GENERAL INFORMATION

1. The scholarship will not be greater than \$1,000 for one year of school.
2. The scholarship will be paid directly to the school of the recipient's choice.
3. The applicant will be selected by the DeKalb Farm Mutual Insurance Company Scholarship Selection Committee.
4. If an applicant receives a scholarship award, that applicant will be prohibited from submitting any further applications to DeKalb Farm Mutual Insurance Company.
5. Selection Criteria:
 - a. Scholastic record
 - b. Leadership activities
 - c. Career goals in the form of an essay
 - d. Character references: one academic, one character (not related) and one other
 - e. Financial need
 - f. Possible personal interview of finalist

ELIGIBILITY REQUIREMENTS

1. Applicant must be a natural, adopted, or stepchild of a DeKalb Farm Mutual Insurance Company member with at least two years membership or an employee with at least two years employment.
2. Applicant must have applied or be enrolled at a college, university, or vocational school.
3. Application must be postmarked by March 14th.
4. Application must be completed during senior year or within four years of high school graduation and will be used for the next school year.

NAME OF APPLICANT _____

ADDRESS _____

BIRTH DATE _____ GRADUATION DATE _____

NAME OF MEMBER OR EMPLOYEE _____

PARENT'S ADDRESS _____

FATHER'S OCCUPATION _____ EMPLOYER _____

MOTHER'S OCCUPATION _____ EMPLOYER _____

NUMBER OF BROTHER'S AND/OR SISTERS _____ AGES _____

NUMBER IN GRADE OR HIGH SCHOOL _____

NUMBER IN COLLEGE _____

NUMBER SELF-SUPPORTING _____

LEADERSHIP TRAITS AND ACTIVITIES (4-H, FFA, BAND, SPORTS, HOBBIES, ETC.)

SCHOOL _____

COMMUNITY _____

LIST WORK EXPERIENCES

LIST VOLUNTARY WORK EXPERIENCES

CHARACTER REFERENCES (name, address, and phone number)

1. **ACADEMIC** _____
2. **CHARACTER** _____
3. **OTHER** _____

SCHOOL CHOICE AND COURSE OF STUDY _____

ACADEMIC SUMMARY (see your guidance office)

1. **TRANSCRIPT OF GRADES**
2. **SAT SCORES**
3. **CLASS RANKING**
4. **ATTACH ANY OTHER RECORDS OR INFORMATION THAT YOU FEEL MAY BE HELPFUL IN THE SELECTION PROCESS**

Please attach a copy of your transcript. You will authorize the High School to provide a copy to DeKalb Farm Mutual Insurance Company Scholarship Selection Committee by signing below.

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____
(mandatory for students under 18 at time of application)

WRITE A 250 WORD OR LESS ESSAY ON YOUR ACADEMIC CHOICE, SCHOOL, SELECTION, AND FUTURE GOALS OR EXPECTATIONS AND SUBMIT WITH THIS APPLICATION