

SCHOLARSHIP APPLICATION FORM

United Mutual Insurance will award scholarships of \$500 to selected graduating high school seniors. The applicant must be a son or daughter of a family that is currently a policyholder of United Mutual. The scholarship is to be used for continuing education at any accredited institution of higher learning and will be paid upon receiving proof of registration for the students first semester. If United Mutual does not receive proof of registration within 1 year of the high school graduation, the scholarship will be forfeited.

ALL FORMS MUST BE COMPLETED AND RECEIVED AT THE UNITED MUTUAL OFFICE **NO LATER THAN APRIL 1ST** TO BE CONSIDERED FOR THE AWARD.

STUDENT'S LAST NAME	FIRST	MIDDLE

HOME ADDRESS, CITY, STATE, ZIP		

STUDENT'S AGE	BIRTH DATE	

NAME OF HIGH SCHOOL CURRENTLY ATTENDING		

HIGH SCHOOL ADDRESS, CITY, STATE, ZIP		

FATHER'S NAME	OCCUPATION	

MOTHER'S NAME	OCCUPATION	

AGENCY INSURED WITH	POLICY NUMBER	

**Return all forms to: United Mutual Insurance Company
Attn: Scholarship Fund Committee
PO Box 406
Medford WI 54451**

UNITED MUTUAL SCHOLARSHIP INFORMATION FORM

Student Name: _____

School I Will Attend: (Name – City – State)

Probable Major(s):

High School Activity: (Include activity, year, and office held, if any. Use a separate sheet of paper if necessary).

Community Activity: (Include church, neighborhood, etc. Use a separate sheet of paper if necessary).

Work Experience: (Indicate place of business & duties. Use a separate sheet of paper if necessary).

Previous Employment:

Present Employment: _____

Prospective Summer Employment: _____

Choice of School and Major: briefly describe the reasons why you chose the school you plan to attend. Also briefly describe the reasons you chose your major. _____
