2027 Leenthrop Farmers Mutual
SCHOLARSHIP APPLICATION

Name _____ **Date of Birth** _____ **Telephone** ( )_____

Address _____ **City/State/Zip** _____

Email _____

High School Currently Attending _____

A certified copy of my high school transcript has been enclosed: YES NO

What post-secondary school do you plan to attend? _____

Have you been accepted for admission to this school? YES NO

If not, please indicate reason: _____

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ESSAY: On a separate sheet of paper please address the following topics in 150 words or less.

- *Describe your involvement in school and community activities and what impact they have had.*
- *Describe your opinion of what educators and leaders can do to better prepare students for their future.*

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Leenthrop Farmers Mutual Insurance Policy # _____

Please read carefully before signing: *"I am applying for the Leenthrop Educational Scholarship. I have read and understand the application criteria. I hereby certify that all the information provided by me on this application is true and accurate to the best of my knowledge. I understand that Leenthrop Mutual may verify information provided by me."*

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Mail to: **Leenthrop Farmers Mutual**
Scholarship Committee
1845 E Hwy 7
Montevideo, MN 56265

******Application must be postmarked by March 1st ,2027 to qualify. ******

Office use only Date received _____ Date reviewed _____

Comments: