

# South Dakota Association of Mutual Insurance Companies

## Scholarship Requirements

- You must be a SD High School graduating senior and have been accepted to a SD institution of higher education
- You must be a SD Resident
- Your parents must be insured by a Farm Mutual Insurance Company of South Dakota
- You must be starting your higher education (college or vocational school) for the first time within 18 months of your high school graduation
- You must have an accumulative 3.0 grade point average for your first seven semesters of high school
- You must provide a certified copy of your high school transcript
- Please complete the application in its entirety
- Completed Application must be submitted by June 10<sup>th</sup> of current year following high school graduation to:

SDAMIC  
PO Box 276  
Canton, SD 57013

S.D.A.M.I.C. offers four \$500 educational scholarships to SD high school graduating seniors whose parents are insured with a domiciled mutual insurance company. The recipient is selected by random draw from all qualified applicants at the SD Association of Mutual Insurance Companies convention. No more than one scholarship recipient from a single mutual insurance company is awarded. The scholarship will be awarded jointly to the institution and the recipient prior to fall semester.

South Dakota Association of Mutual Insurance Companies

Scholarship Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Address: \_\_\_\_\_

Parents Property Mutual Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_ Policy #: \_\_\_\_\_

Have you enclosed a certified copy of your high school transcript? Yes No

What South Dakota Institute of higher learning are you attending: \_\_\_\_\_

Have you been accepted for admission to this school? Yes No

If not, please explain in comments section below

What is your anticipated field of study: \_\_\_\_\_

What are your career goals: \_\_\_\_\_

Would you like to make any other optional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please read carefully before signing: I am applying for the S.D.A.M.I.C. Educational Scholarship. I have read and understand the application criteria. I hereby certify that all of the information provided by me on this application is true and accurate to the best of my knowledge. I understand that information provided by me may be verified by S.D.A.M.I.C. officials.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

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This application form does not expire and can be copied for high school graduates of South Dakota Farm Mutual's.