# PALO MUTUAL SCHOLARSHIP CRITERIA

This educational scholarship was established by the Board of Directors of Palo Mutual Insurance Company for presentation to two graduating high school seniors or students currently enrolled in college.

### **Eligibility guidelines:**

- The Palo Mutual Scholarship will be presented to a graduating high school senior or student currently enrolled in college.
- Applicant must be a Palo Mutual policyholder, the son or daughter of a parent or legal guardian who is a policyholder, or a grandchild residing in the home of a Palo Mutual policyholder.
- Applicant must have an accumulative grade point average of 2.5 for high school and/or an accredited college, university or technical school (i.e. post-secondary school). A certified copy of the high school or post-secondary school transcript must be included with the application or a letter from applicant's current school stating enrollment and grade point average of 2.5 or higher.
- Applicant must have been accepted to a post-secondary school (i.e. accredited college, university or technical school).
- Applicant must continue to maintain a grade point average of 2.5 or higher in the first semester of the post-secondary school to receive the scholarship.
- Applicant must submit a typed essay on a topic chosen by the Scholarship Selection Committee.
- All applications must be **postmarked on or before April 30**<sup>th</sup> in the year of issue to qualify.

#### Selection guidelines:

- Members of the Scholarship Selection Committee will review all applications to insure eligibility of an applicant.
- The Scholarship Selection Committee will select the recipient from all qualifying applications based on their essay.
- Scholarship recipients will be notified via mail prior to May 31st.

#### **Distribution guidelines:**

- Two scholarships in the amount of \$1000 each will be awarded in each year that there are qualified applicants.
- The scholarship award will be paid jointly to the educational institution and the recipient following the completion of the first semester.
- Applicant must provide a certified copy of their first semester college report card or letter from educational institution as proof of enrollment and grade point average of 2.5 or higher.
- Scholarships are awarded for any semester of college completed starting with the fall semester following the date the Scholarship was awarded. Scholarships will not be awarded for semesters completed prior to July 1<sup>st</sup> of the year in which a scholarship was awarded.
- Recipients have 3 years from the date of winning Palo Mutual's Scholarship to turn in required documentation to receive the scholarship. Failure to meet this deadline will result in forfeiture of the scholarship.

| Completed applications should be mailed to: | Scholarship Selection Committee |
|---|---------------------------------|
|   | Palo Mutual Insurance Co.       |
|   | PO Box 106                      |
|   | Aurora, MN 55705                |

## PALO MUTUAL SCHOLARSHIP APPLICATION

| Name  | Telephone Please Print or Type  |     |    |
|---|---|-----|----|
|   | Please Print or Type  |     |    |
| Street A  | Address   |     |    |
|   | ate/Zip   |     |    |
| School  | Currently Attending   |     |    |
| A certif  | fied copy of my high school/post-secondary school has been enclosed.  | Yes | No |
| What post-secondary school do you plan to attend? |   |     |    |
| Have ye   | Have you been accepted for admission to this school? Yes No   |     | No |
| If not, please indicate reason:                   |   |     |    |
| 1. ]<br>1   | • On a separate sheet of paper please address the following topics in 300 v<br>Describe your involvement in school and community activities and what in<br>have had on you.<br>Describe your life goals and objectives. |     |    |

| Policyholder's Name     |  |
|-------------------------|--|
| Policyholder's Address_ |  |
| Policy Number           |  |

**Please read carefully before signing:** "*I am applying for the Palo Mutual 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 Palo Mutual officials may verify information provided by me.*"

**Applicant Signature** 

Date

Date

Policyholder Signature

Mail to: Palo Mutual Scholarship Committee, PO Box 106, Aurora, MN 55705 Application must be <u>postmarked by April 30<sup>th</sup></u> to qualify.

Office Use Only Date Received\_

Eligible for Scholarship

Yes No

Comments: