



2026 LINCOLN COUNTY FARMERS MUTUAL
INSURANCE COMPANY
HIGH SCHOOL SCHOLARSHIP OPPORTUNITY

Let's get to know you:

First Name _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

TELL US ABOUT YOUR EDUCATION:

High School Name: _____

Student Plans for Educational Institution to Attend Next Year: _____

Address of Educational Institution: _____

Although **NOT** required, do you have any affiliation with a MAMIC member company or associate member company? (*i.e. parent or family member(s) are insured by a MAMIC member, or a family member or friend is employed by a MAMIC or associate member.*)

YOUR OBJECTIVE CRITERIA LIST:

College entrance examination score: _____ (ACT) _____ (SAT)

Cumulative High School GPA: _____

Financial Needs: Please indicate your family's adjusted gross income from last year's tax return.

Under \$40,000: _____

\$40,000 to \$60,000: _____

\$60,000 to \$80,000: _____

\$80,000 to \$100,000: _____

Over \$100,000: _____

Total number of members living at home: _____

Number of children: _____

Ages of children: _____

Number attending college: _____

Note here any other financial considerations as to why you might struggle with tuition:

WHAT IS YOUR WORK EXPERIENCE:

Have you held a paying position while a high school student? If so, please list below the following information.

Name of Current or Most Recent Employer: _____

Dates Employed: _____ Approximate number of hours worked in a week: _____

Brief description of what you did at this position:

Name of Past Employer: _____

Dates Employed: _____ Approximate number of hours worked in a week: _____

Brief description of what you did at this position:

Name of Past Employer: _____

Dates Employed: _____ Approximate number of hours worked in a week: _____

Brief description of what you did at this position:

WHAT ARE YOUR SCHOOL ACTIVITIES: (including clubs, organizations, sports, etc.)

1. Name of Activity:

Brief description of your involvement:

2. Name of Activity:

Brief description of your involvement:

3. Name of Activity:

Brief description of your involvement:

4. Name of Activity:

Brief description of your involvement:

5. Name of Activity:

Brief description of your involvement:

6. Name of Activity:

Brief description of your involvement:

WHAT AWARDS AND/OR HONORS HAVE YOU RECEIVED DURING HIGH SCHOOL:

1. Name of Award/Honor:

Brief description of award/honor:

Grade level award/honor was received: _____

2. Name of Award/Honor: _____

Brief description of award/honor:

Grade level award/honor was received: _____

3. Name of Award/Honor: _____

Brief description of award/honor:

Grade level award/honor was received: _____

4. Name of Award/Honor: _____

Brief description of award/honor:

Grade level award/honor was received: _____

5. Name of Award/Honor: _____

Brief description of award/honor:

Grade level award/honor was received: _____

6. Name of Award/Honor: _____

Brief description of award/honor:

Grade level award/honor was received: _____

SHORT ESSAY:

Please describe why you are the best candidate for this scholarship, the course of study or major field of interest you plan to follow, your proposed occupation or profession, and any other abilities you have that were not mentioned in this application.

REQUIRED DOCUMENTS:

When returning this application, it is required that you include a copy of your current high school transcript and a color photo of yourself. Preferably your senior photo.

RELEASE:

I, _____, certify that all the information set forth herein, and all the information enclosed with this scholarship application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Completed application, transcript, and color photo must be emailed to bobbette@lcfmins.com by midnight on April 15, 2026, to qualify for consideration. Any incomplete application will be automatically disqualified.