MAFMIC SCHOLARSHIP CRITERIA

This educational scholarship was established by the Board of Directors of the Minnesota Association of Farm Mutual Insurance Companies, Inc. (MAFMIC) for presentation to one or more Minnesota high school graduating seniors. There will be an additional Jim Barta Memorial Scholarship awarded to one graduating senior as well.

Eligibility guidelines:

- The MAFMIC Scholarship will be presented to Minnesota high school graduating seniors.
- Applicant must be a resident of Minnesota.
- Applicant must be the son or daughter of a parent or legal guardian who is a policyholder from a qualifying mutual insurance company (MAFMIC Member Company).
- Applications must be submitted to the MAFMIC office through a qualified mutual member company. If you apply through an agency please let us know what MAFMIC mutual your agency writes with.
- Applicant must be graduating from a Minnesota high school.
- Applicant must have an accumulative grade point average of 2.5 for high school. **A certified copy of the high school transcript must be included with the application.**
- Applicant must be beginning their post-secondary education (college, vocational school, or community college) for the first time in the fall following high school graduation.
- Applicant must have been accepted to a post-secondary education facility (i.e. accredited college, university, or technical school).
- Applicant must submit a typed essay (300 words or less). Topic listed on the application.
- All applications must be **postmarked on or before March 12th** in the year of issue qualify.

Selection guidelines:

- Members of the Scholarship Selection Committee will review all applications to ensure eligibility as an applicant.
- Only one scholarship per year will be awarded through any single qualified mutual company.
- The Scholarship recipients will be notified prior to **May 1st**.

Distribution guidelines:

- One $1,000 Jim Barta Memorial scholarship will be awarded to the highest qualified candidate and/or a candidate with an emphasis in an Business/Accounting Major.
- Also, a minimum of one scholarship in the amount of $500 will be awarded each year that there is a sufficient balance in the scholarship fund.
- The scholarship award will be paid jointly to the educational institution and the recipient *following the completionof the first semester* and prior to the start of the second semester.

Completed applications should be mailed to:

Scholarship Selection Committee
Minnesota Association of Farm Mutual Insurance Co.
601 Elm Street East - PO Box 880
St. Joseph, MN 56374
Email: info@mafmic.org
Phone (320) 271-0909

Revised 4-13-2026.

2027 MAFMIC SCHOLARSHIP APPLICATION

Name_____ **Phone**_____

Please print or type

Street Address: _____

City/State/Zip _____

Minnesota School Currently Attending _____

A signed by school official certified copy of my high school transcript has been enclosed. YES NO

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

What do you plan to Major/Minor in? _____

Have you been accepted for admission to this school? YES NO
If not, please indicate reason: _____

Essay: On a separate sheet of paper please address the following topic in 300 typed words or less.

1) **What is your motivation for your field of study?**

Parent's Name _____

Parent's Address _____

Parent's Mutual Insurance Co _____ **Policy No** _____

Agent's Name_____ **Company phone** _____

Please read carefully before signing: *"I am applying for the MAFMIC Educational Scholarship and/or The JimBarta Memorial 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 MAFMIC officials may verify information provided by me."*

Photo/Name Release. I hereby grant Minnesota Association of Farm Mutual Insurance Companies permission to use my name, photograph, video, or other digital media in any and all of its publications, including web-based publications without payment or other consideration.

_____ _____

Applicant Signature ***Date***

_____ _____

Parent Signature ***Date***

Mail to: **MAFMIC Scholarship Committee**
601 Elm Street East—PO Box 880
St. Joseph, Minnesota 56374

MINNESOTA ASSOCIATION OF MAFMIC FARM MUTUAL INSURANCE COMPANIES

Application must be postmarked by March 12, 2027 to qualify

(Office Use Only) ————————————————————————————————————

Date Received _____ Date Reviewed _____

Comments: