

S.D.A.M.I.C. SCHOLARSHIP APPLICATION

(This form may be reproduced.)

Name: _____

Street Address: _____

City/State/Zip: _____

Telephone #: _____ Date of Birth: _____

S.S.#: _____ Gender: M or F

Parents Name: _____

Parents Address: _____

Parents Property & Casualty Insurance Company: _____

Farm 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? If not explain: Yes No

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(s) Signature _____ Date _____