

S.D.A.M.I.C. 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 Farm Mutual Insurance Company of Lincoln County**
- **You must be beginning your higher education (college or vocational school) for the first time within 18 month 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 applications must be submitted to SDAMIC**
PO Box 348 Scotland, SD 57059.

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S.D.A.M.I.C. offers six \$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. 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 the fall semester.

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 _____