Andrew County Mutual Insurance Scholarship

Name: __________________________________________ Current GPA: ______

Insured's Family Members Name: ________________________________________

Planned Major/ Certification Program: ______________________________________

1. What are your specific education plans and career goals?

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2. How have you gotten involved in your school to make it a better place and/or your community? Do you volunteer, work full-time, or part-time as well as involved in school activities? Please list all you have participated in and still are in.
3. Please describe a personal accomplishment that you have achieved. What are some strengths and skills that were used to achieve it?
4. What is a significant change or experience that has occurred in your life? How did you respond to this? What did you learn about yourself from that experience?
5. Each student has a unique history, educational goals, and plans for the future. What would it mean to be offered one of our ACM scholarships? How would it benefit your future endeavors?
6. Please list any additional information you would like to tell us below.

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You can submit this application to the email, acm@andrewmutual.com, or bring to the office, 422 Court Street, Savannah, MO 64485. Please include a copy of your transcripts. If you have any question please call Kailea Nauman, 816-324-3151. Thank you for your submission.