

**FARMERS MUTUAL INSURANCE COMPANY  
JOHN F. RUFF MEMORIAL SCHOLARSHIP FUND  
APPLICATION**

**FARMERS MUTUAL  
INSURANCE CO.**



*est. 1872*

**THE DEADLINE FOR THE APPLICATION FORM  
IS MAY 31, 2020**

Mail or deliver the application to:

Farmers Mutual Insurance  
440 E. Jefferson Street  
Plymouth, IN 46563

For further information, call 574-935-4190

**Please submit typewritten or you may reproduce on a computer**

## **PURPOSE**

The Farmers Mutual Insurance Company/John F. Ruff Memorial Scholarship Fund was established to help fulfill the educational needs for post secondary education to include four-year institutions, two-year institutions, vocational trade and technical career areas.

## **ELIGIBILITY**

Must be a child or grandchild of a current policyholder with Farmers Mutual Insurance Company of St. Joseph and Marshall Counties.

Students applying for the scholarship must be graduating from an accredited high school within the State of Indiana.

## **SELECTION PROCESS**

Final selection will be made by a scholarship committee designated by the board of directors of the Farmers Mutual Insurance Company.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

NAME OF POLICYHOLDER: \_\_\_\_\_

RELATIONSHIP TO POLICYHOLDER: \_\_\_\_\_

HIGH SCHOOL NAME: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

List any Community Service, Community Volunteerism and/or Work Experiences.

---

---

---

---

---

---

Please list School Activities. Include length of involvement and brief description.

---

---

---

---

---

Please indicate any honors you have received.

---

---

---

---

## **GOALS AND ASPIRATIONS**

Describe your personal and educational goals, including plans for your career and your future. Please limit your essay to one page.