

**FARMERS MUTUAL
INSURANCE CO.**



est. 1872

**FARMERS MUTUAL INSURANCE COMPANY
JOHN F. RUFF MEMORIAL SCHOLARSHIP FUND
APPLICATION
THE DEADLINE FOR THE APPLICATION FORM
IS MAY 31, 2025**

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

In order to be eligible the applicant 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.