

CHISAGO LAKES-GERMAN FARMERS  
MUTUAL INSURANCE COMPANY

21150 Ozark Ave N, PO Box 189

Scandia, MN 55073

PH: 651-433-4805 FAX: 651-433-5746

Email: [manager@clmic.com](mailto:manager@clmic.com)

Website: [www.clgfmual.com](http://www.clgfmual.com)

SCHOLARSHIP INFORMATION

FOR: Members or dependents of Chisago Lakes-German Farmers Mutual Insurance Company (CLGF) policyholders.

- RULES:
1. Eligibility based on academic and vocational achievement and service to school and community.
  2. Scholarship must be used within 12 months of award.
  3. Funds will be paid directly to the individual by the Company and should be used for tuition and/or supplies.
  4. Scholarships grants in any one school year are for \$750. While each application is good for only one year, you are welcome to apply in subsequent years. A maximum of three (3) scholarships will be awarded to any one student.
  5. Selection will be made by a committee of the Chisago Lakes-German Farmers Mutual Insurance Company.
  6. Applications must be postmarked by April 1, 2024.

- AWARDS:
1. Scholarships awards will be made on or about May 1, 2024.
  2. Scholarship recipients will be notified by May 15, 2024.

**CHISAGO LAKES-GERMAN FARMERS  
MUTUAL INSURANCE COMPANY**  
21150 Ozark AVE N, PO Box 189  
Scandia, MN 55073

**APPLICATION FOR SCHOLARSHIP**

**APPLICANT INFORMATION:**

Name \_\_\_\_\_  
(last) (first) (middle)  
Address \_\_\_\_\_  
(street) (city) (state) (zip)  
Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

**EDUCATION INFORMATION:**

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Address \_\_\_\_\_ Tel. Number \_\_\_\_\_  
Grade Point Average \_\_\_\_\_ Class Rank \_\_\_\_\_

Name and address of post-secondary institution for which scholarship is applies for:

\_\_\_\_\_  
(name)  
\_\_\_\_\_  
(street) (city) (state) (zip code)  
Is this institution accredited? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_  
Institution is a (check one) Four-year college/university \_\_\_\_\_ Technical college \_\_\_\_\_  
Community college \_\_\_\_\_ Other \_\_\_\_\_  
Applicant to be enrolled (check one): Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Field of study \_\_\_\_\_

**FUTURE PLANS:**

Please print or type a brief paragraph describing your future plans as they relate to your career objectives and goals.

---

---

---

---

---

**SCHOOL ACTIVITIES:**

Please list school activities in which you have actively participated during the past four years. Include your areas of participation in each activity and any awards or honors earned.

---

---

---

---

---

---

**COMMUNITY ACTIVITIES:**

Please list community activities in which you have actively participated during the past four years. Include your years of participation in each activity and any awards or honors earned.

---

---

---

---

---

---

**WORK EXPERIENCE:**

---

---

---

---

Scholarship applicants, or their parents/guardians, must be members of Chisago Lakes-German Farmers Mutual Insurance Company. By signing below, the applicant certifies that all listed information is true and correct.

Signature\_\_\_\_\_ Date\_\_\_\_\_