

**BISHOP MUTUAL INSURANCE COMPANY
2019 SCHOLARSHIP ELIGIBILITY GUIDELINES**

Following are the eligibility guidelines as established by Bishop Mutual:

1. Applicant must be a policyholder, child or grandchild of a policyholder.
2. Applicant must not be former winner of a Bishop Mutual scholarship.
3. Applicant may reapply next year if they were not a previous winner and are still a full time student.
4. In the future, based on the number of applications received these guidelines can be changed to fit Bishop Mutual's goals.
5. Application should be sent or delivered to:

BISHOP MUTUAL INSURANCE COMPANY
117 S MAIN
PO BOX 241
DIETERICH IL 62424

By: April 1, 2019

(Applications received late will not be considered)

BISHOP MUTUAL INSURANCE COMPANY
SCHOLARSHIP AWARD
DUE APRIL 1, 2019

SCHOLARSHIP APPLICATION

Applicant Name _____

Address _____

Telephone Number _____

Birth Date _____ Age _____

School presently attending _____

Grade point average _____

High School Graduation Date _____

Name of school you plan to attend _____

Parents Name _____

Address _____

Grandparents Name (if insured with Bishop Mutual)

Telephone Number _____

Names of teacher references (Please print)

1. _____

2. _____

3. _____

Please write a short essay describing:

1. Contributions you have made to your school, community and employment.
2. Your needs for these funds.
3. Why you are choosing to attend your particular college.
4. What you expect to accomplish in your particular career.
5. A lifetime goal; describe something you want to be remembered for doing in your lifetime.