

# CASS COUNTY MUTUAL INSURANCE COMPANY SCHOLARSHIP PROGRAM

## Application Form

Cass County Mutual Scholarships are given in recognition of the outstanding contributions made by young people to home, school, community and country.

INSTRUCTIONS: Please print clearly or type this application as thoroughly as possible. If you have any questions, please contact your school counselor. **THE DEADLINE IS APRIL 15th, 2025.** This is a \$1000.00 Scholarship. This Scholarship may be split between two applicants if committee so chooses to do so.

### ELIGIBILITY REQUIREMENTS:

- U.S. Citizen
- Current, full time secondary school senior
- Planning to pursue a degree at an accredited **North Dakota Institution** which can include 2-year Technical colleges or North Dakota Registered Apprenticeship programs (ie; plumber/electrician apprenticeships).
- **Parent or Grand Parent must be a policy holder** of Cass County Mutual Insurance Company (it is the student's duty to find out their grandparents/parents insurance carrier).

### 1. PERSONAL DATA:

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parents Name \_\_\_\_\_

Graduation Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

**College planning to attend:** \_\_\_\_\_ University of Mary \_\_\_\_\_ Dickinson State  
\_\_\_\_\_ Jamestown College \_\_\_\_\_ UND \_\_\_\_\_ Minot State \_\_\_\_\_ Valley City State  
\_\_\_\_\_ Mayville State \_\_\_\_\_ Tri College \_\_\_\_\_ NDSU \_\_\_\_\_ NDSCS Wahpeton  
\_\_\_\_\_ Bismarck State College

Any other North Dakota School (including trade or technical school, please list):  
\_\_\_\_\_

### 2. CERTIFICATION:

I certify that all statements made in this application are true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
Student Signature

3. COUNSELOR/PRINCIPAL

I have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

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

School Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

4. REFERENCES:

List two references the committee may contact:

1. \_\_\_\_\_

2. \_\_\_\_\_

5. SCHOOL ACTIVITIES:

Summarize your school activities (for example club memberships, offices held, team participation, awards received).

6. ACADEMIC RECORD:

GPA \_\_\_\_\_ ACT COMPOSITE \_\_\_\_\_ CLASS RANK \_\_\_\_\_

7. EMPLOYMENT ACTIVITIES:

Describe your employment during the school year and summers including hours worked per week and responsibilities.

8. COMMUNITY ACTIVITIES:

List your community activities and describe your involvement in each including any awards or recognition you received (for example: church, 4-H, etc.).

CASS COUNTY MUTUAL POLICY NUMBER \_\_\_\_\_  
NAMED INSURED ON CASS COUNTY MUTUAL POLICY \_\_\_\_\_  
RELATION TO INSURED ON CASS COUNTY MUTUAL POLICY \_\_\_\_\_