

**C. LAWRENCE LEGGETT SCHOLARSHIP
AND
MISSOURI INSURANCE EDUCATION FOUNDATION SCHOLARSHIP**

Purpose: To provide scholarships to deserving Missouri resident business students majoring in insurance or a related area of study in a Missouri college or university.

Award Components: One (1) \$2,500 scholarship and an individual certificate will be awarded to the applicant of the C. Lawrence Leggett Scholarship and Five (5) \$2,000 scholarships and an individual certificate will be awarded to the applicants of the Missouri Insurance Education Foundation Scholarship with selection made by the Missouri Insurance Education Foundation Scholarship Committee.

Criteria:

1. Applicant must be a Missouri resident.
2. Applicant must be a junior or senior at an accredited college or university in Missouri during the fall semester of year 2020.
3. Applicant must be majoring in insurance or a directly related field of study.
4. Applicant must be a full-time Missouri college/university student.
5. Applicant must demonstrate scholarship -- in the complete sense -- consistent with capacity and circumstances. The applicant should have a minimum grade point average of 2.5 out of 4.0.
6. Preference may be given to a student who demonstrates financial need.

Submission Process (Applicant must submit):

1. Completed typed application form (handwritten and/or incomplete applications will not be processed). Application form also available on our website: www.mief.org.
2. Letter of application addressed to the Scholarship Committee of the Missouri Insurance Education Foundation containing a brief explanation of career goals and biographical (background) information.
3. One (1) letter of recommendation from college professor or former employer supporting the application.
4. A complete college transcript.
5. A financial needs form only if you desire to demonstrate financial need.

Deadline for submission is March 31, 2020. Submissions postmarked after this date will not be considered.

Submit application packets to:

**Scholarship Administrator
Missouri Insurance Education Foundation
P.O. Box 1654
Jefferson City, MO 65102**

TYPE all information requested on the application form(s). Handwritten and/or incomplete applications will NOT be considered.

**APPLICATION FOR
C. LAWRENCE LEGGETT SCHOLARSHIP
AND
MISSOURI INSURANCE EDUCATION FOUNDATION SCHOLARSHIP**

Name _____ E-mail: _____

Current College: _____

Major: _____ Minor: _____

GPA (Cumulative): _____ GPA (Major) : _____

Hours Completed 12/31/19: _____ Expected Graduation Date: _____

Graduating High School: _____

Year of H.S. Graduation: _____ ACT or SAT Score: _____

Parent's Name: _____

Parent's Address _____

Spouse's Name _____

LOCAL ADDRESS:

PERMANENT ADDRESS:

Street _____ Apt # _____

Street _____ Apt # _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

County _____

County _____

Telephone # _____

Telephone # _____

Currently Employed? _____ Yes _____ No
If "yes", Name & Address of employer

Most Recent Work Experience: (List the Company names
and employment dates)

Position & Approx. Hrs/Wk worked: _____

Description of Duties _____

In addition to completing the following sections, please provide any additional information you believe will assist the committee in its selection. You may use the back side of this form if additional space is needed.

SCHOOL-RELATED SCHOLARSHIP, AWARDS, HONORS RECEIVED

List awarded scholarships expected for 2020-2021 plus past scholarships/awards/honors from the last two years, include year received.

SCHOOL AND/OR COMMUNITY ORGANIZATIONS AND ACTIVITIES

(Church, Clubs, Civic, etc.)

<u>Organization</u>	<u>Member/Officer</u>	<u>Year</u>	<u>Activities</u>
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Applicant's Signature

Date

The Scholarship Selection Committee may request a personal interview. You may be asked to verify information provided on the Financial Need application form. If you desire financial need to be a criterion of selection, please attach a financial need information sheet.

TYPE all information requested on the Financial Need form. Handwritten and/or incomplete applications will NOT be considered.

**FINANCIAL NEED INFORMATION
MISSOURI INSURANCE EDUCATION FOUNDATION
COLLEGE SCHOLARSHIPS**

INSTRUCTIONS: Complete this form with the most recent financial information available. Any applicant desiring financial need to be considered as a criterion must include this **completed form.**

Last Name _____

1. Where are you living during the school year? Parent's Home _____ Dorm _____ Rent _____

2. Are you self-supporting? Yes _____ No _____

a. If yes, total self-supporting _____ partial self-supporting _____

b. Your total annual income (adjusted gross income) on your most recent tax return? \$ _____

3. Number of dependents your support _____ Dependents' Ages _____

4. Are you being financially assisted by parents/guardian? Yes _____ No _____

a. If being assisted, what is the approximate annual amount provided by parent/guardian?
\$ _____

b. Total number of dependent children in family? _____ Ages? _____

c. Total number of family members (including yourself) in college? _____

d. Total annual family income (adjusted gross income) on most recent tax return? _____

List any scholarships or sources of financial assistance you are **receiving** during the 2019-2020 year (include grants and aid through the university and/or any other federal, state, or local government agency).