

**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 2019.
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](http://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, 2019. 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 12/31/18: \_\_\_\_\_ 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 2018-2019 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**

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**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 2018-2019 year (include grants and aid through the university and/or any other federal, state, or local government agency).