HIGHER EDUCATION SCHOLARSHIP

**Statewide Ag Insurance has been in the crop insurance business since 1985.** **We strive to offer the best service to every customer with a friendly, knowledgeable staff. We truly are   
"Your Crop Insurance Expert"**



Deadline for Application: April 30 of each year

Scholarship Amount: $200.00

**ELIGIBILTY:**

\* Applicant must be a Winner High School student.

\*Applicant must be a Senior Class member with a minimum grade point average of 2.0.

\*Applicant must have an agriculture background.

\*Scholarship will be paid directly to the student.

The High School Guidance Counselor will have the application form on file and notify the Senior Class about the scholarship.

Applicant must complete the application and submit to Statewide Ag Insurance.

STATEWIDE AG INSURANCE

SCHOLARSHIP APPLICATION FORM

WINNER HIGH SCHOOL

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What higher education institution do you plan to attend?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What course of study do you plan to pursue?

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Please type an essay entitled **“How do you see your life in 10 years?”** Essay will be judged on grammar and creativity. (Minimum length: 140 words Maximum length: 150 words)

Deadline: April 30th

Return Application to: Statewide Ag Insurance

200 West 2nd Street- PO Box 1712

Winner, SD 57580