



# Road to Success Scholarship Application

**Student's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
*Street Address* *City/State/Zip*

**Home Phone with area code:** (        ) \_\_\_\_\_

**Student e-mail address:** \_\_\_\_\_

**Parents'/Guardians' Names:** \_\_\_\_\_

**High School Name & Mailing Address:** \_\_\_\_\_

**Graduation Date (dd/mm/1&):** \_\_\_\_\_ **High School Cumulative GPA (on 4.0 scale):** \_\_\_\_\_

**Scholarship Awards Ceremony Date:** \_\_\_\_\_

**High School Phone with area code:** (        ) \_\_\_\_\_

**GMRC Auto Policy #:** \_\_\_\_\_

**Auto Policyholder Name:** \_\_\_\_\_

**Grinnell Mutual Agent (please list name, city/state, and phone number with area code):**

*Agent's Name (first and last):* \_\_\_\_\_

*Agency's Name (company):* \_\_\_\_\_

*Agent's City/State:* \_\_\_\_\_

*Agent's Phone #:* \_\_\_\_\_

**Name and Address of Post-Secondary Educational Institute Attending in 201&-1' :**

*Post-Secondary School Name:* \_\_\_\_\_

*Street Address:* \_\_\_\_\_

*City/ST/Zip:* \_\_\_\_\_

**How did you hear about this scholarship?**    **Agent**    **School**    **TV**    **Website**    **Other** \_\_\_\_\_

I certify I am a high school senior in good academic standing. I am listed as a driver on a Grinnell Mutual or Grinnell Select auto policy and have no moving violations or accidents on my driving record.

**Applicant's signature**

**Date**

**Send completed application and a copy of your current report card or transcript to:**



## Road to Success Scholarship

**Attn:** Barb Baker, Manager, Advertising and Community Relations  
Grinnell Mutual Reinsurance Co., P.O. Box 790, Grinnell, IA 50112  
**Fax:** 641-236-2803    **Ph:** 641-269-8616    **E-mail:** bbaker@gmrc.com



**Applications must be e-mailed, postmarked or faxed by March 31, 201&.**