



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/11): _____ **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 2011-12:

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, 2011.