



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/10): _____

Awards Ceremony Date: _____

High School Phone with area code: () _____

High School Cumulative GPA (on 4.0 scale): _____

GMRC Auto Policy #: _____

Auto Policyholder Name: _____

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

Name and Address of Post-Secondary Educational Institute Attending in 2010-11:

How did you hear about this scholarship? **Agent** **School** **Ad** **Online**

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

Complete this application and send it, along with 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:** advertising@gmrc.com

Applications must be e-mailed, postmarked or faxed by March 31, 2010.

