

## **Scholarship Fact Sheet**

1. The dollar amount and the number of scholarship awards shall be determined on an annual basis by the Mutual of Wausau Insurance Board of Directors.
2. Sons and daughters of current Mutual of Wausau policyholders, who are graduating from high school this year, are eligible.
3. Applications are reviewed on a “blind” basis by an independent scholarship selection committee. An application number is assigned to each applicant. All references to names, gender, teachers, school, locations, etc. are blacked out.
4. One letter of recommendation will be used for each application. If multiple recommendations are sent in, one will be selected by the office staff, and submitted to the Scholarship Selection Committee.
5. A letter will notify the student’s school that they have been awarded a scholarship before April 15<sup>th</sup>. Winners will be presented with the award at the school’s scholarship award ceremony. Only those that are awarded a scholarship will be contacted.
6. Payment of the award will be made upon the successful completion of one full-time semester and enrollment for an additional full-time semester at an accredited college or technical school. Both semesters must be completed within two years of your high school graduation date.
7. Upon enrollment in the second semester, students should give the Scholarship Requirement Confirmation sheet to their financial aid office to complete and return to Mutual of Wausau Insurance.
8. The scholarship award is paid directly to the student and mailed to their home address shown on their application form.
9. Students who fail to complete the first semester or fail to enroll for a second semester within two years, forfeit the scholarship award.

Dear Student;

Thank you for expressing an interest in Mutual of Wausau's Scholarship Program. The Board of Directors will award scholarships to selected graduating sons and daughters of current policyholders. The Scholarship Selection Committee selects the graduating high school seniors. Each scholarship awarded to the winning applicants will be \$500 or \$1,000.

Please complete the following forms and return in the enclosed envelope ***along with a head and shoulders photo*** for publicity purposes:

1. Scholarship Transmittal Form
2. Mutual of Wausau Scholarship Information Form
3. Scholarship Reference Form

We must receive these completed forms at our home office **no later than February 28<sup>th</sup>**.

The Scholarship Fund Committee will review all applications received. Only those selected will be notified by April 15<sup>th</sup>.

Best of luck in all of your future endeavors.

Sincerely,

*Mark Ellenbecker*

Mark Ellenbecker, Chairman of the Board  
Mutual of Wausau Insurance Corporation

Application # \_\_\_\_\_

## SCHOLARSHIP TRANSMITTAL FORM

Mutual of Wausau Insurance will award scholarships of \$500 or \$1,000 to selected graduating high school seniors. The applicant must be a son or daughter of a family that is currently a policyholder of Mutual of Wausau. The scholarship is to be used for continuing education at any accredited institution of higher learning, and will be paid upon successful completion of the first semester and enrollment in the second semester. Both semesters must be completed within two years of your graduation date.

ALL FORMS MUST BE COMPLETED AND RECEIVED AT THE MUTUAL OF WAUSAU OFFICE **NO LATER THAN FEBRUARY 28<sup>TH</sup>** TO BE CONSIDERED FOR THE AWARD.

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STUDENT'S LAST NAME

FIRST

MIDDLE

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HOME ADDRESS, CITY, STATE, ZIP

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STUDENT'S AGE

BIRTH DATE

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NAME OF HIGH SCHOOL CURRENTLY ATTENDING

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HIGH SCHOOL ADDRESS, CITY, STATE, ZIP

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FATHER'S NAME

OCCUPATION

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MOTHER'S NAME

OCCUPATION

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AGENCY INSURED WITH

POLICY NUMBER

***Return all forms to: Mutual of Wausau Insurance  
Attn: Scholarship Fund Committee  
PO Box 269  
Wausau WI 54402-0269***

## MUTUAL OF WAUSAU SCHOLARSHIP INFORMATION FORM

**Student Name:** \_\_\_\_\_ **Application #** \_\_\_\_\_

**School I Will Attend: (Name – City – State)**

\_\_\_\_\_

**Probable Major(s):**

\_\_\_\_\_

**High School Activity:** (Include activity, year, and office held, if any. Use a separate sheet of paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Community Activity:** (Include church, neighborhood, etc. Use a separate sheet of paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience:** (Indicate place of business & duties. Use a separate sheet of paper if necessary)

**Previous Employment:** \_\_\_\_\_

\_\_\_\_\_

**Present Employment:** \_\_\_\_\_

\_\_\_\_\_

**Prospective Summer Employment:** \_\_\_\_\_

\_\_\_\_\_

**Short Composition:** Write a composition on a separate sheet of paper, indicating why you made the choice of your major and school that you plan to attend. Explain how you intend to finance the balance of your education.

\_\_\_\_\_ Yes, I have given the Scholarship Reference Form to a teacher or guidance director.

Application #: \_\_\_\_\_

## SCHOLARSHIP REFERENCE FORM

Please give your opinion of \_\_\_\_\_, who has applied for a Mutual of Wausau Insurance scholarship. Supply any information that you feel will aid the committee in evaluating the applicant's general merit, including comment on the character, cooperation, attitude, leadership and/or need. Supply a copy of the student's senior year course schedule **and** transcripts. *Please do not use letterhead paper. Use a separate piece of plain paper if necessary.*

Signed \_\_\_\_\_ Position: \_\_\_\_\_

School Address \_\_\_\_\_

### Authorization to Release School Records

I hereby authorize my teacher and/or guidance director to release my transcripts, as well as information relative to my character, attitude, leadership, financial needs or any other information that may be necessary in determining my eligibility for a scholarship award.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

**Please send this form to:  
Mutual of Wausau Insurance  
Attn: Scholarship Fund Committee  
PO Box 269  
Wausau, Wisconsin 54402-0269**