

**Insurance Scholarship Foundation of America
College Scholarship Application**

9.	Academic Record: Undergraduate (GPA) _____ on a _____ scale. Graduate (GPA) _____ on a _____ scale.																																													
10.	Scholastic Honors Earned: (Elaborate. Attach a separate sheet if necessary).																																													
11.	Scholarships Received: (indicate the date, amount, and source of other scholarships awarded. Attach a separate sheet if necessary).																																													
12.	Extracurricular and personal activities: (include specific events and/or accomplishments, such as nonacademic honors won, sports, etc. Attach a separate sheet if necessary. Please include those activities that demonstrate your leadership skills).																																													
<table border="1" style="width: 100%; border-collapse: collapse; margin: 0 auto;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Activity</th> <th colspan="5">Year of Participation</th> <th rowspan="2" style="width: 10%;">#Hours/Week</th> <th rowspan="2" style="width: 15%;">Position Held Honor Won</th> </tr> <tr> <th style="width: 5%;">FR</th> <th style="width: 5%;">SO</th> <th style="width: 5%;">JR</th> <th style="width: 5%;">SR</th> <th style="width: 5%;">GR</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Activity	Year of Participation					#Hours/Week	Position Held Honor Won	FR	SO	JR	SR	GR																																
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13.	Insurance, risk management, or actuarial courses completed or currently enrolled in. (List professional designations working toward or attained. Attach a separate sheet if necessary. To be eligible, you must list the two required insurance-related courses).																																													
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14.	Work experience: (List any jobs, including summer employment, you have held).			
	Specific Nature of Work	Employer	Employment Dates	Hours/Week
15.	<p>References.</p> <ul style="list-style-type: none"> • Make 3 copies of the <i>Recommendation</i> Form (Page 6) provided. • Complete the top portion of each. • Give each of your 3 references a form to be completed and signed. • All references must be written on College/University letterhead. • Ask references to return their forms to you for inclusion with your application. (Three recommendations, from academic sources are required.) • Attach all 3 recommendations to your application. 			
16.	<p>Essay. On a separate sheet, describe in approximately 500 words, your chosen career path and goals.</p>			

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I affirm that the information provided on and with this application is true, to the best of my knowledge. I further affirm that I am not receiving full reimbursement for the expenses of tuition, books, etc., from my employer or any other outside source.

I understand that the information in my application will be shared with the Scholarship Evaluation Committee and the Insurance Scholarship Foundation of America Board of Directors for the purpose of evaluating my application. I also understand that limited information (my name, e-mail address, home address, and phone number) will be made available to scholarship sponsors. My scholarship application information will not be shared with or given to any other third party, not listed above. If awarded a College Scholarship, I give permission to Insurance Scholarship Foundation of America to publish my name as a scholarship recipient on their website and in other insurance publications, unless I notify the Foundation otherwise within 15 days of receiving notification of a College Scholarship award. I realize that the Insurance Scholarship Foundation of America has a Privacy Policy and that I can access it though the following website address, www.inssfa.org.

Applicant's Signature _____ **Date:** _____

Scholarship Amount requested: _____

To be Completed by Dean, Department Head, or Authorized Representative

I certify that _____ is a full-time student
Applicant's Name

at _____ **College/University**

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

