

FOUNDATION USE ONLY	
Date Rec'd:	_____
Action Taken:	_____

P 855-288-7743
www.GriffithFoundation.org

F 610-725-5967
info@GriffithFoundation.org

Scholarship Application Form (Please print clearly or type)

Application Deadlines: Spring Scholarships Received by March 1 | Fall Scholarships Received by November 1

Name		First	Middle Initial	Last	
Current Address					Date of Birth (mm/dd/yyyy)
City	State	County	Zip	Phone (include Area Code)	
Permanent Residence					
City	State	County	Zip	Phone (include Area Code)	
Current GPA		Student I.D. Number		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address				Expected Date of Graduation (mm/yyyy)	
College Currently Enrolled				Year of study <input type="checkbox"/> Fr. <input type="checkbox"/> So. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	
Expected Degree			Major	Gamma Iota Sigma Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a member of, or related to a member of, the Columbus Chapter Chartered Property Casualty Underwriters (CPCU)?

Yes No _____
(If yes, please list member's name)

Yes No **Are your parent(s) or legal guardian(s) a resident of one of the following counties: Allen, Auglaize, Mercer, Paulding, Putnam, or Van Wert?**

Yes No **Are you the child, stepchild, or legally adopted child of an employee or agent of The Motorists Insurance Group?**

Yes No **Are you the spouse, child, stepchild, legally adopted child, or member of the Ohio "Big I"?**

Yes No **Are you a member of or related to a member of the International Association of Insurance Professionals (IAIP)?**

Proposed or Current Interest in the following courses of study (check as many as applicable)

Actuarial Science Computer Science Risk Management & Insurance

Business Finance Other (comment) _____

EDUCATIONAL HISTORY

Name of School	Location	Which Years Major/Minor	Degree Awarded & Date
High School			
University			
Other			

Please attach your complete college transcript. "Official" transcript not required. Use print-out from student internet account.

Attention: Lauren Kingsland
720 Providence Road, Suite 100 | Malvern, PA 19355-3433

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Please note that some scholarships require participation in extra-curricular activities.

For the next two questions, attach extra pages if necessary:

Special studies, research, or writing experience: _____

Special achievements, responsibilities or honors (include major extra-curricular activities, organization memberships during past five years):

WORK EXPERIENCE How many hours are you currently working per week? _____

Company	Job Description	From-To Dates	City

REFERENCES: (One each from academic, business, and personal areas preferred; if available, attach letters of recommendation.)

Name Occupation Phone (include Area Code)

Address

Name Occupation Phone (include Area Code)

Address

Name Occupation Phone (include Area Code)

Address

FINANCIAL STATUS: Approximately what percent of your current school year expenses has been provided by:

_____ % Your work earnings? _____ % Parents or relatives? _____ % Other financial aid?

List all "Other financial aid" received or applied for and list any other factors you deem relevant to your financial status.

REQUIRED MATERIALS: Please attach the following three documents:

- Your complete college transcript ("official" copy not required, use print-out from student internet account)
- Your 350-500 word essay illustrating how you were inspired to pursue a career in the insurance industry and your career objectives following graduation
- At least one letter of recommendation

AUTHORIZATION: I authorize the Griffith Foundation to provide my name and basic contact information to potential employers within the insurance industry.

YES NO

Signature of Applicant _____ Date _____

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