Scholarship Application Form (Please print clearly or type)

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

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

First Name ___________________________ Middle Initial ___________________________ Last ___________________________

Preferred Address ___________________________ Date of Birth (mm/dd/yyyy) ___________________________

City ___________________________ State ___________________________ County ___________________________ Zip ___________________________ Phone (include Area Code) ___________________________

Current GPA ___________________________ Student I.D. Number ___________________________ U.S. Citizen  ☐ Yes  ☐ No

Email Address ___________________________ Expected Date of Graduation (mm/yyyy) ___________________________

College Currently Enrolled ___________________________ Expected Degree ___________________________

Major ___________________________ Minor ___________________________

☐ 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)?

☐ Yes  ☐ No  Are you a dependent of a Westfield employee? If yes, name of employee and office address:

☐ Yes  ☐ No  Are you a dependent of Westfield agency partners? If yes, name of employee, agency name and office address:

EDUCATIONAL HISTORY

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<th>Name of School</th>
<th>Location</th>
<th>Which Years Major/Minor</th>
<th>Degree Awarded &amp; Date</th>
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www.GriffithFoundation.org  |  (855) 288-7743

Affiliate of The Institutes | Risk and Insurance Knowledge Group
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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):

________________________________________________________________________________________________________________________________________
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WORK EXPERIENCE:
How many hours are you currently working per week? _____________________________________________________________________________________________

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FINANCIAL STATUS: Approximately what percent (should total 100%) 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.

_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________

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

Attention: Lauren Kingsland
720 Providence Road, Suite 100  Malvern, PA 19355-3433
Phone  (855) 288-7743  Fax  (610) 725-5967
www.GriffithFoundation.org  info@GriffithFoundation.org