

Please submit application and required material to info@GriffithFoundation.org or by mailing to the address below:

The Griffith Foundation
Attention: Lauren Kingsland
720 Providence Road, Suite 100
Malvern, PA 19355-3433

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 <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	Expected Date of Graduation (mm/yyyy)	Year of study <input type="checkbox"/> Fr. <input type="checkbox"/> So. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
College Currently Enrolled	Expected Degree	Gamma Iota Sigma Member? <input type="checkbox"/> No <input type="checkbox"/> Member <input type="checkbox"/> Officer
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

Name of School	Location	Which Years Major/Minor	Degree Awarded & Date
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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:

Four horizontal lines for writing special studies, research, or writing experience.

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

Four horizontal lines for writing special achievements, responsibilities or honors.

WORK EXPERIENCE:

How many hours are you currently working per week? _____

Company	Job Description	From-To Dates	City

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.

Four horizontal lines for listing other financial aid and relevant factors.

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