

Scholarship Application Form *(Please print clearly or type)*

**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

Please submit application and required material to [info@GriffithFoundation.org](mailto: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

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?	
Major		Minor		<input type="checkbox"/> No <input type="checkbox"/> Member <input type="checkbox"/> Officer	

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)?

**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:

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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? \_\_\_\_\_

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.

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**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](http://www.GriffithFoundation.org) | [info@GriffithFoundation.org](mailto:info@GriffithFoundation.org)