



Please complete your application digitally by typing your responses directly into the form. Remember to save your progress frequently to ensure your information is secure and up-to-date. The application is divided into four sections. Please complete all sections thoroughly. Each section is important for processing your application.

SECTION 1 – GENERAL APPLICANT INFORMATION

Applicant’s Name: _____

Permanent Address: _____

Phone Number: _____ Alternate Phone Number: _____

Applicant’s Email: _____

Mother’s Name: _____ Father’s Name: _____

OR Guardian’s Name: _____

Parent’s / Guardian’s Email: _____

SECTION 2 – CAREER GOAL

State your current undergraduate major (and minor if applicable) and your career goal:

Major: _____

Minor: _____

Career Goal: _____

SECTION 3 – SCHOOL INFORMATION

I plan to attend the same school I was enrolled in this academic year: Yes No

If you answered no, please provide the following information for the school you will be attending:

School Name: _____

City/State/Zip: _____

Please enclose a copy of your college transcript with your completed application.

SECTION 4 – AFFIDAVIT

Under the penalties of perjury, I do solemnly affirm that all information provided is true to the best of my knowledge and belief. I do solemnly affirm that I have read and understand the entire application as presented in the two pages of this renewal scholarship application. Although confidentiality of information provided is expected of the Central Insurance Companies Educational and Charitable Foundation, I hereby authorize the Central Insurance Companies Educational and Charitable Foundation to investigate in any manner which it, in its discretion, deems necessary to determine the accuracy of the statements made in this application.

I accept the responsibility for notifying the Central Insurance Companies Educational and Charitable Foundation of any change from that stated in this application in the nature of my course curriculum, career goal, change of school, or enrollment status. I agree to make this notification immediately, in writing. I understand and agree that failure to do so may obligate me to return any scholarship granted to me by the Central Insurance Companies Educational and Charitable Foundation.

Signature of Applicant

ACKNOWLEDGMENT CERTIFICATE

State of Ohio, County of _____

The foregoing instrument was subscribed and sworn before me on this _____ day of

_____, 20____ by _____.

(Notary Seal)

Signature of Notary Public – State of Ohio

My commission expires: _____
(date)

Mail your completed application (along with the required enclosures) by the last Friday in March to:

Central Insurance Companies Educational and Charitable Foundation
Attn: Alyssa Pohlman
800 S. Washington St.
Van Wert, OH 45891

Please submit this signed acceptance / release with your renewal scholarship application.

In the event I am awarded a renewal scholarship from the Central Insurance Companies Educational and Charitable Foundation for the next school year, the Foundation may use my biographical information submitted in the application process for announcements to the general public, high school, college, or university. My signature below also indicates my intention to accept a scholarship if one is awarded to me.

Signature of Student _____ Date _____