

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 seven 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:	
<u>OR</u> Guardian's Name:		
Parent's / Guardian's Email:		

SECTION 2 – EDUCATIONAL INFORMATION

In addition to completing Section 2, you must enclose an official high school transcript dated after January 1.

Name of High School:

Address and County:

Guidance Counselor Name, Email Address, and Phone Number:

Expected Graduation Date:

Expected Award Ceremony Date (if applicable):

Unweighted GPA on a 4.0 scale: _____

 ACT Score:
 OR
 SAT Score:

Number of Honor Classes: _____

Titles of classes:

Number of College-level Courses: _____

Titles of courses:

Anticipated University:

Anticipated Major:

Anticipated Minor (if applicable):

Anticipated Length of Program (2-4 years): _____

Anticipated Start (i.e. Fall semester):

SECTION 3 – PROFESSIONAL ESSAY

Please provide a professional essay that addresses these questions about your career goal:

What are your overall career goals?
What experiences have helped you determine your career goals?
What about this field of work entices you to continue learning and doing more?
How do you anticipate achieving your career goals?
What do you aspire to do after college graduation?
How would this scholarship assist you in achieving said goals?

SECTION 4 – SCHOOL AND NON-SCHOOL ACTIVITIES

Please list a maximum of five recent school or non-school-related extracurricular activities and achievements, volunteer work, interests, accomplishments, or other similar activities you feel relate to your career goal and demonstrate what you are doing to reach your career goal. You may include an explanation if necessary.

SECTION 5 – EMPLOYMENT

Employer Name and Address:	
Position:	
Dates Employed:	
Contact / Phone Number:	

SECTION 6 – LETTERS OF RECOMMENDATION

Two sealed letters of recommendation are required. Letters from anyone will be acceptable. Please ask the party to state their relationship with you in their letter. Each letter should be sealed in a separate envelope, and the party who wrote the letter should sign and date the outside of the envelope. Enclose these sealed envelopes with your application.

SECTION 7 – 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. 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	Signature of Parent or Guardian (if applicant is under 18)
ACKNOWLEDGMENT CERTIFICATE	
State of Ohio, County of	
The foregoing instrument was subscribed and swo	rn 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 re	equired enclosures) by the last Friday in March to:
Central Insurance Companies Educational and Cha Attn: Alyssa Pohlman 800 S. Washington St. Van Wert, OH 45891	aritable Foundation
Please submit this signed acceptance / relea	se with your scholarship application.
In the event I am awarded a scholarship from the C Foundation for the next school year, the Foundation	Central Insurance Companies Educational and Charitable on may use my name and biographical information

Signature of Student	Date	
Signature of Parent/Guardian	Date	
(if applicant is under 18)		

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.