



Derek Hughes/NAPSLO Educational Foundation Insurance Scholarship Application

The purpose of the Derek Hughes/NAPSLO Educational Foundation Insurance Scholarship is to further the study of insurance and encourage, support and reward those exceptional students who have an interest in an insurance career.

General Information

Name: _____ Date: _____
(Last) (First) (MI)

Permanent Address: _____ City: _____

State: _____ Zip: _____ Telephone: () _____

Local Address: _____ City: _____

State: _____ Zip: _____ Local Telephone: () _____

Date of Birth: _____ E-mail: _____

Citizenship: U.S. (Social Security #: _____) Other Citizenship: _____

Parents/Guardians: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: () _____

List name of any members of your family who are employed by or affiliated with NAPSLO members/firms: _____

Academic Information (To be completed if applicant is a high school senior.)

High School Currently Attending: _____

Address: _____
(Street) (City) (State) (Zip)

High School Honors, Awards, Etc.: _____

Expected Date of Graduation: _____

GPA: _____ SAT: _____ ACT: _____ Class Rank: _____ Class Size: _____

College Attending (Fall): _____

Address: _____
(Street) (City) (State) (Zip)

Date of Enrollment: _____ Proposed Credit Hours: Fall _____ Spring _____ Summer _____

Major: _____ Minor(s): _____

(Desired Majors: Actuarial Science, Business, Economics, Finance, Insurance, Management, Risk Management, Statistics)

Academic Information (To be completed if applicant is a college student.)

College Currently Attending: _____

Address: _____
(Street) (City) (State) (Zip)

Year in School: Freshman Sophomore Junior Senior Postgraduate

Major: _____ Minor(s): _____

(Desired Majors: Actuarial Science, Business, Economics, Finance, Insurance, Management, Risk Management, Statistics)

GPA: _____ SAT: _____ ACT: _____

Date of Enrollment: _____ Expected Graduation Date: _____

Proposed Hours for each term: Fall _____ Spring _____ Summer _____

Current NAPSLO Intern Scholarship Recipient

Application Continued on Back

Other Colleges Attended

Name of College: _____

Address: _____
(Street) (City) (State) (Zip)

Dates Attended: _____ Major: _____

GPA: _____ Credit Hours Completed: _____

Attach additional sheets with this information, if necessary.

Financial Information (MUST BE COMPLETED.)

<u>Student Source of Income:</u>	<u>Annual Amount</u>	<u>Student Source of Income:</u>	<u>Annual Amount</u>
Parents' Contribution:	\$ _____	Social Security Benefits:	\$ _____
Student's Salary:	\$ _____	Other Government Benefits:	\$ _____
Spouse's Salary:	\$ _____	Total Annual Income (all sources):	\$ _____
Scholarships or Grants:	\$ _____	Annual School Expenses:	\$ _____
G.I. Bill:	\$ _____		

List types of financial aid you are receiving or have received:

Name: _____

Date(s): _____ Amount: _____

Attach additional sheets with this information, if necessary.

Number of dependents: _____ Who sponsors your education? _____

What percentage of your college education will be, or is, being sponsored by you? _____%

Personal Statement

Attach a one or two-page essay summarizing your career objectives, academic accomplishments, work experience, and pertinent extracurricular activities, as well as your reasons for applying for this scholarship. If applying with financial need, please state reasons.

References

Please submit two (2) letters of recommendation from two (2) of the following sources: academic advisor, counselor, teacher/professor, employer or insurance professional. Applications will not be processed until recommendation letters are received.

Transcript

Please submit an official copy of your academic transcript to the Scholarship Committee.

Applicant's Statement

I certify that the above requested information is correct and true to the best of my knowledge. If the Derek Hughes/NAPSLO Educational Foundation Insurance Scholarship is granted, I will use the funds solely for the payment of tuition, fees, or books at the post-secondary institution specified. I understand that misrepresentation of facts called for on this application will disqualify me from further consideration, and if awarded the scholarship, will be cause for revocation of same.

I also grant the Scholarship Committee permission to use my name and/or likeness to publicize and/or promote the scholarship program.

I agree to inform the Scholarship Committee in the event that: a) my educational program is interrupted or terminated, or b) my current address or telephone number changes.

Date _____ Signature _____

PLEASE NOTE: All information (application, personal statement, two references, transcript) requested must be received by JUNE 1.

Mail application and related information to:

Scholarship Committee
Derek Hughes/NAPSLO Educational Foundation
200 N.E. 54th St, Suite 200
Kansas City, MO 64118
816-741-3910 • 816-741-5409 - Fax