SCHB Self Insurers Fund

2024-2025 Scholarship Application – High School Senior or Graduate

**INSTRUCTIONS FOR APPLICATION – ACADEMIC YEAR 2024-2025**

1. The deadline for submitting the 2024-2025 scholarship application is April 15, 2024 (no exceptions).
2. Only completed applications will be considered. **DO NOT LEAVE ANY ITEMS BLANK.**
3. Please see 2024-2025 Scholarship Application Requirements for additional required documentation to submit with this application. Read everything carefully.

**\*\* PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK \*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Information | | | |
| Name (Last, First, MI): | | | |
| Date of birth: | Phone: | Email: | |
| Mailing address: | | | |
| City: | | State: | ZIP Code: |
| Permanent address: | | | |
| City: | | State: | ZIP Code: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SCHBSIF Policyholder Information / Qualifying Relationship to Applicant | | | | | | | |
| Company: | | | | | Policy No: 100 – 2023 – | | |
| Qualifying Person: | | | | | Position: | | |
| Status (check one): Owner or Officer |  | Employee |  | Other (explain) | |  |  |
| Qualifying Relationship to Applicant:  State:  ZIP Code: | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High School Information | | | | |
| Graduating High School: | | | | Class Rank (%): |
| City: | | State: | Grad Date: | |
| Cumulative GPA (4.0 scale): | SAT/ACT Score: | | Date Taken: | |
| Other High School(s) Attended (if applicable): | | | | |

|  |
| --- |
| Post-Secondary School Information |
| School Attending in Fall 2023: |
| Planned Concentration, Major and/or Degree: |
| ***Note: Proof of acceptance or current school enrollment documents from above school required prior to receipt of funds*** |

|  |  |
| --- | --- |
| Certification of United States Citizenship or Legal Residency | |
| ***I hereby certify that I am a United States citizen or legal resident of the United States*** | Initials: |

|  |
| --- |
| Honors and Awards (academic, civic, church, club, etc.) |
| List any awards that you have received and from whom. Continue on a separate sheet, if necessary. |
|  |

|  |
| --- |
| Extracurricular Activities (organization, athletic, church, club, etc.) |
| List participation in extracurricular activities and year(s). Note leadership position(s), if any. Continue on a separate sheet, if necessary. |
|  |

|  |
| --- |
| Community Service Activities |
| List your community service activities including year(s) and organization. Continue on a separate sheet, if necessary. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Experience (including internships) | | | |
| **From** | **To** | **Employer** | **Position** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Application Checklist | | |
| **●** | **Required Item** | **When Required** |
|  | Most recent high school transcript with cumulative GPA | With application |
|  | List of current semester, trimester or quarter courses if not on transcript (above) | With application |
|  | Official high school profile (request from your guidance counselor) | With application |
|  | Two (2) letters of recommendation from teachers, counselors, etc. | With application |
|  | One (1) letter of recommendation from community or civic leader (optional) | With application |
|  | Official written proof of acceptance or enrollment form with student ID number | Prior to scholarship disbursement |
|  | Typed, double-spaced essay of 500 – 1,000 words (3-5 pages) | With application |
|  | United States citizenship or legal resident status affirmation initialed | On application |
|  | Parent’s or legal guardian’s signature, if under applicant is under 18 years of age | On application |

|  |  |
| --- | --- |
| Affirmation | |
| I hereby understand that if chosen as a scholarship recipient, I must provide evidence of acceptance, enrollment or registration at an accredited institution of higher education before the scholarship funds can be awarded.  I hereby affirm that all the above stated information provided by me and contained in this application is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purposes deemed necessary to promote the SCHB Self Insurers Fund Scholarship Program. | |
| Signature of applicant: | Date: |
| Signature of parent or legal guardian: | Date: |