SCHB Self Insurers Fund

2023-2024 Scholarship Application - High School Senior or Graduate

INSTRUCTIONS FOR APPLICATION – ACADEMIC YEAR 2023-2024

- 1. The deadline for submitting the 2023-2024 scholarship application is April 15, 2023 (no exceptions).
- 2. Only completed applications will be considered. DO NOT LEAVE ANY ITEMS BLANK.

Applicant Information

3. Please see 2023-2024 Scholarship Application Requirements for additional required documentation to submit with this application. Read everything carefully.

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

Name (Last, First, MI):				
Date of birth:	Phone:	Email:		
Mailing address:				
City:		State:	ZIP Code:	
Permanent address:				
City:		State:	ZIP Code:	
SCHBSIF Policyholder Informa	ation / Qualifying Relationship	to Applicant		
Company:		Policy No: 10	0 – 2023 –	
Qualifying Person:		Position:		
Status (check one): Owner or Office	er Employee Other	(explain)		
Qualifying Relationship to Applicant:	:			
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 ap	oplicable):			
Post-Secondary School Inforn	nation			
	iiatioii			
School Attending in Fall 2023:	or Dograo:			
Planned Concentration, Major and/o		monto from above seb	and required pri	or to receipt of funds
Note: Proof of acceptance of	r current school enrollment docu	ments from above scri	ooi requirea pri	or to receipt or funds
Certification of United States	Citizonship or Logal Bosidone	NV.		
				Initials:
I hereby certify that I am a United	States citizen or legal resident of	the United States		miliais.
Honors and Awards (academic	c civic church club etc.)			
List any awards that you have receive		senarate sheet if neces	ecan/	
List any awards that you have recent	ved and nom whom. Continue on a	separate sneet, ii neces	osary.	

LA	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.					
List	participati	on in extracurri	cular activities and year(s). Note leadership position	on(s), if an	y. Continue on a separate sheet, if necessary.	
		Service Acti				
List	your comr	nunity service	activities including year(s) and organization. Conti	nue on a s	eparate sheet, if necessary.	
	1		ding internships)			
	From	То	Employer		Position	
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