

SCHB Self Insurers Fund

2023-2024 Scholarship Application – Current Post-Secondary Student

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.**
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 ****

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):	<input type="checkbox"/> Owner or Officer	<input type="checkbox"/> Employee
	<input type="checkbox"/> Other (explain)	
Qualifying Relationship to Applicant:		

High School Information		
Graduating High School:	Class Rank (%):	
City:	State:	Grad Date:

Post-Secondary School Information	
Current or Last School Attended:	
School Attending in Fall 2023:	FR SO JR SR PG
Planned Concentration, Major and/or Degree:	
Note: Proof of acceptance or school enrollment documents from above new school required prior to receipt of funds	

Certification of United States Citizenship or Legal Residency	
<i>I hereby certify that I am a United States citizen or legal resident of the United States</i>	Initials:

Honors and Awards (academic, civic, church, club, etc.) (HS=High School / PS=Post-Secondary)
List any awards that you have received and from whom. Indicate HS or PS. Continue on a separate sheet, if necessary.

Extracurricular Activities (organization, athletic, church, club, etc.) (HS=High school / PS=Post-Secondary)

List extracurricular activities and year(s). Note leadership position(s). Indicate HS or PS. Continue on a separate sheet, as needed.

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Community Service Activities

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

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Work Experience (including internships)

From	To	Employer	Position

Application Checklist

•	Required Item	When Required
	Most recent college transcript with cumulative GPA	With application
	List of current semester, trimester or quarter courses if not on transcript (above)	With application
	Two (2) letters of recommendation from professors, advisors, 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: