

New York Insurance Scholars

Be part of an exciting profession that is constantly evolving yet offers stable careers to talented individuals!

The New York Insurance Scholars program recognizes exemplary individuals who embody the qualities necessary to excel in the insurance industry. Scholars are eligible to receive a total award of up to \$10,000 to be paid in equal installments for the duration of their undergraduate or graduate studies for a maximum of two years. Scholars will have access to mentoring opportunities with seasoned professionals, career and internship resources and visibility within the community of insurance industry leaders.

Scholarships can be used by the scholar to offset the costs associated with pursuing their degree. A cumulative 3.0 GPA *must* be maintained.

APPLICATION PROCESS

- 1. Complete the **attached scholarship application**. Be sure to complete both pages. Fill out all relevant information. If the information does not pertain to you please indicate that it is not applicable.
- 2. Submit with your application an **essay** (approximately 500 words), **one letter of reference** and a copy of **your official transcript**. The essay should address why you are interested in pursuing a career in the insurance industry and how your current studies will assist you in this endeavor.
- 3. Send all materials to the New York Insurance Scholarship Foundation, Inc. c/o New York Insurance Association, Inc., I 30 Washington Avenue, Albany, New York I 2210 or by email to Susan Dawes at sdawes@nyia.org by Friday, April 12, 2024.

SELECTION CRITERIA

- I. A person matriculated in an accredited college or university that is authorized to confer degrees as a candidate for a baccalaureate or graduate degree.
- 2. Scholastic standing (minimum of 3.0 GPA).
- 3. Desire to work in the insurance industry.
- 4. Community involvement/volunteer work.
- 5. Not receiving or eligible for full reimbursement for the expenses of tuition, board, books, etc. from another source.



Scholarship Application

Contact Information							
Name:			Phone: _				
Mailing Address:			City/State/Zip: _				
Permanent Address:			City/State/Zip: _				
School E-mail:			Personal E-mail: _				
Academic & Related	Information ——						
Current Class Standing:] Incoming Freshman	☐ Freshman	☐ Sophomore	☐ Junior	☐ Senior	☐ Graduate	rear of
School Currently Attending:							Study/Degree Duration
School Planning to Attend: Applicable to high school and trans							-
Major Field of Study:							
Minor Field of Study:							
Expected Graduation Date:							
Formal Education:							
High School:			City/Sta	ate Located: _		\	'ear:
College/University:			City/Sta	ate Located:_		Y	'ear:
Other:			City/Sta	ate Located: _)	⁄ear:
Academic Record:							
High School GPA:		on a		scale.			
Undergraduate GPA:		on a		scale.			
Graduate GPA:		on a		scale.			
Community Service & Other Activities:							
Indicate activity, years of participation, hours per week, and leadership position held.							
Attach a separate sheet if necessary.							



$\underline{Insurance~Scholarship~Foundation,~Inc.}$

Scholarship Application

Scholarships:	
List the name, date,	
amount and source of each scholarship you	
have been awarded.	
Attach a separate sheet if necessary.	
Honors:	
Please be sure to provide a detailed response.	
Attach a separate sheet if necessary.	
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Work Experience: Indicate employer, position	
held/work performed, dates	
employed and hours worked per week for each entry.	
Attach a separate sheet if necessary.	
Insurance-Related	
Coursework:	
List courses completed or currently enrolled in. Include date of completion.	
Attach a separate sheet if necessary.	
Acknowledgement	
receiving or eligible for	nation provided as part of this application is true to the best of my knowledge. I affirm that I am not full reimbursement of college expenses, including tuition, board, books, etc. from an outside source.
	nformation in my application will be shared with individuals responsible for evaluating scholarship
	imited basis as it pertains to benefits I may receive as an applicant. I understand that limited information
•	number and email address) will be shared with New York Insurance Scholarship Foundation contributors. to my scholarship application will not be shared with individuals not listed above. If I am awarded a
	nission to the New York Insurance Scholarship Foundation to publish my name as a scholar recipient in their
	eir website as well as publicize my award to the media, unless I notify the foundation otherwise within 14
	cation of being awarded a scholarship.
Applicant's Signature	Date:



Scholarship Application

Reference

Applicant Portion ————————————————————————————————————	
The New York Insurance Scholarship Foundation requires of be from individual who has interacted with you in an acader please keep in mind that this individual needs to have first hand knowledge base. A reference should also be able to add in insurance. Please fill in your name and school below, proving reference fill out the remainder of the form.	and knowledge of your work ethic, personal integrity, skills ress your interest and qualifications related to a career
Name:	
School Currently Attending:	
Reference Portion —	
Name:	Title:
Organization:	
Mailing Address:	City/State/Zip:
Phone:	E-mail:
Affiliation with Applicant:	
Please attach a letter detailing your first hand knowled skills and knowledge base. Please also address the appliinsurance.	• • • • • • • • • • • • • • • • • • • •
I affirm that the information provided above and in my reference the information I have indicated on this form and in my letter will scholarship applications.	
Reference's Signature:	Date:

Please return this completed form and letter of reference to the applicant for inclusion in their application materials.