Please provide all information requested and attach a college transcript of grades and courses completed

Share the Light

The Griffith Insurance Education Foundation
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E-Mail: info@griffithfoundation.org
Website: www.griffithfoundation.org

Foundation Use Only

Date Rec'd:

Action Taken:

Cameron E. Williams Memorial Scholarship
APPLICATION FORM

NAME: (Print) _____
Last First Middle Initial

Current Address _____

_____(_____)_____
City State County Zip Phone

Permanent Residence _____

_____(_____)_____
City State County Zip Phone

Date of Birth _____ SS # _____ U.S. Citizen (Yes/No) _____

Relationship to Motorists Mutual: ☐ Motorists Employee ☐ Spouse/Child of a Motorists Employee ☐ Motorists Agent

☐ Spouse/Child of a Motorists Agent ☐ Other (please explain) _____

E-Mail Address _____

College currently enrolled _____ Expected Date of Graduation _____

Expected Degree _____ Major _____ Gamma Iota Sigma Member? _____

Proposed or Current Interest in the following courses of study (check as many as applicable)
☐ Actuarial Science ☐ Computer Science ☐ Risk Management & Insurance
☐ Business ☐ Finance ☐ Other (comment) _____

Educational History	**Which Years**	**Name of School**	**Location**	**Nature of Studies (Major or Minor)**	**Diploma or Degree Awarded & Date**
High School	_____	_____	_____	_____	_____
University	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Special studies, research, or writing experience (attach extra pages if necessary):

Special achievements, responsibilities or honors (include major extra-curricular activities, organizations during past five years)

WORK EXPERIENCE How many hours are you currently working per week? _____

Company	Job Description	From-To (Dates)	City

REFERENCES: (One each from academic, business, and personal areas preferred; if available, attach letters of recommendation.)

	Name	Address	Occupation & Phone No.
1.	_____	_____	_____
		_____	_____
2.	_____	_____	_____
		_____	_____
3.	_____	_____	_____
		_____	_____

FINANCIAL STATUS Can you attend school without financial assistance?

Approximately what percent of your current school year expenses has been provided by:

_____% Your work earnings? _____% Parents or relatives? _____% Other financial aid?

List all "Other financial aid" received or applied for and list any other factors you deem relevant to your financial status.

_____

_____

SUMMARY: Please state your reasons for selecting your major and identify your career objectives following graduation (attach separate sheet if necessary):

_____

AUTHORIZATION: I authorize the Griffith Foundation to provide my name and basic contact information to potential employers within the insurance industry. YES ___ NO ___

_____ _____

Signature of Applicant Date

Rev. 111108