





Last Name	First Name	MI
Make sure you quali	ify for this scholarship. (Each box mu	st be checked.)
I am currently attending a US coll	ege/university and completing or have comple	eted my second year.
I am currently enrolled with a maj	or in insurance, risk management, actuarial sci tration, finance, economics, etc.	ence, and all other related
I have achieved at least a 3.0 over	erall grade-point average on a 4.0 scale.	
I am <b>NOT</b> receiving full reimburse	ement for the expenses of tuition, books, etc., f	rom any outside source.
Provide all the	e necessary information (Please Print	t or Type)
Last Name	First Name	MI
Mailing Address		
Permanent Address		
Cell Phone	Parent's Home Phone	
E-Mail Address		
Current Class Standing Sophon	nore Junior Senior Masters C	andidate Ph.D. Candidate
Major Field of Study		
Minor Field of Study		
School Currently Attending		
School Planning to Attend (If a junior o	r senior)	
Date Expected to Complete Degree	Undergraduate	Graduate
	(Month/Year)	(Month/Year)







Formal Education		1	Name			Location (City/	State)	Year Graduated
High School								
College/University								
Other								
						on a on a		
Extracurricular and personal a honors won, sports, etc. Attac leadership skills).						•		
Activity	FR	Year o	f Partici JR	ipation SR	GR	#Hours/Week	(	Position Held Honor Won
Insurance, risk management, working toward or attained. A insurance-related courses).								
College Course			omplete omplete			Professional Designation		Date Attained/ To Be Attained







Work experience: List any jobs, including summer employment, you have held.

Specific Nature of Work	Employer
	Employment Dates
	Hours/Week
Specific Nature of Work	Employer
	Employment Dates
	Hours/Week
Specific Nature of Work	Employer
	Employment Dates
	Hours/Week
Specific Nature of Work	Employer
	Employment Dates
	Hours/Week

**Essay.** On a separate sheet, describe in approximately 300 words, your chosen career path and goals.







I affirm that the information provided on and with this application is true, to the best of my knowledge. I further affirm that I am not receiving full reimbursement for the expenses of tuition, books, etc., from my employer or any other outside source.

I understand that the information in my application will be shared with the Scholarship Evaluation Committee and the Chinese American Insurance Association Board of Directors for the purpose of evaluating my application. I also understand that limited information (my name, e-mail address, home address, and phone number) will be made available to scholarship sponsors. My scholarship application information will not be shared with or given to any other third party, not listed above. If awarded a College Scholarship, I give permission to Chinese American Insurance Association to publish my name as a scholarship recipient on their website and in other insurance publications.

For detailed information, please go to the following website www.caiaus.org

Provided a 300-word essay describing my chosen career path and goals.

Appl	plicant's Signature:	Date:	_
	Scholarship Amount Offerin	ng: \$3,000.00	
	To be Completed by Dean, Department Head	d, or Authorized Representative	
	I certify that (Applicant's Name)	is a full-time	
	student at	College/University.	
	Name:	Title:	
	Signature:	Date:	
I ha	nave done the following:		_
	Completed the Application.		
	Signed the Application.		
	Had a representative of my college/university sign the Applica	ation.	
	Provided two completed Recommendation Forms from acade	emic references. (see page 5 for instructions)	







### Confirm your understanding.

I understand the following:

Signature

licant Signature:	Date: _	
o recommendations from academic	•	
lake copies of this Recommendation Form.		
iive each of your 2 references a copy of thi Il references must be written on College/U		
sk references to return their forms to you in	•	ur application or they m
nail directly to IA at the address below		
Il 2 recommendations must be returned wipplication to be considered.	th your application or mailed/received by	for your scholarship
pplication to be considered.		
To be	Completed by Applicant	
10 50	Completed by Applicant	
Applicant's Last Name	First	MI
Institution		
Signature	Date	
Signature	Date	
	0 1 1 0 0	
To be	Completed by Reference	
Provide your appraisal of the applicant on	College/University letterhead and attach	ı to this sianed form.
Return to applicant in a sealed envelope of	or you may send your recommendation d	irectly to:
Chinese American Insurance Association	n, 12 North Hillside Avenue, Livingston,	NJ 07039
Deference's Name	Title	
Reference's Name		
Reference's Name		

Date