



2024 COLLEGE SCHOLARSHIP APPLICATION

Last Name _____ First Name _____ MI _____

Make sure you qualify for this scholarship. (Each box must be checked.)

- I am currently attending a US college/university and completing or have completed my second year.
- I am currently enrolled with a major in insurance, risk management, actuarial science, and all other related majors such as business administration, finance, economics, etc.
- I have achieved at least a 3.0 overall grade-point average on a 4.0 scale.
- I am **NOT** receiving full reimbursement for the expenses of tuition, books, etc., from any outside source.

Provide all the necessary information (Please Print or Type)

Last Name _____ First Name _____ MI _____

Mailing Address _____

Permanent Address _____

Cell Phone _____ Parent's Home Phone _____

E-Mail Address _____

Current Class Standing Sophomore Junior Senior Masters Candidate Ph.D. Candidate

Major Field of Study _____

Minor Field of Study _____

School Currently Attending _____

School Planning to Attend (If a junior or senior) _____

Date Expected to Complete Degree Undergraduate Graduate
 _____ (Month/Year) _____ (Month/Year)



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| Formal Education | Name | Location (City/State) | Year Graduated |
|---|------|-----------------------|----------------|
| <input type="checkbox"/> High School | | | |
| <input type="checkbox"/> College/University | | | |
| <input type="checkbox"/> Other | | | |

Academic Record: Undergraduate (GPA) _____ on a _____ scale.
 Graduate (GPA) _____ on a _____ scale.

Extracurricular and personal activities: (Include specific events and/or accomplishments, such as nonacademic honors won, sports, etc. Attach a separate sheet if necessary. Please include those activities that demonstrate your leadership skills).

| Activity | Year of Participation | | | | | #Hours/Week | Position Held Honor Won |
|----------|-----------------------|----|----|----|----|-------------|----------------------------|
| | FR | SO | JR | SR | GR | | |
| | | | | | | | |
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| | | | | | | | |

Insurance, risk management, or actuarial courses completed or currently enrolled in. (List professional designations working toward or attained. Attach a separate sheet if necessary. To be eligible, you must list the two required insurance-related courses).

| College Course | Date Completed/ To Be Completed | Professional Designation | Date Attained/ To Be Attained |
|----------------|------------------------------------|-----------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |



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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.



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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

Applicant's Signature: _____ Date: _____

Scholarship Amount Offering: \$5,000.00

To be Completed by Dean, Department Head, or Authorized Representative

I certify that (Applicant's Name) _____ is a full-time student at _____ College/University.

Name: _____ Title: _____

Signature: _____ Date: _____

I have done the following:

- Completed the Application.
- Signed the Application.
- Had a representative of my college/university sign the Application.
- Provided two completed Recommendation Forms from academic references. (see page 5 for instructions)
- Provided a 300-word essay describing my chosen career path and goals.



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Confirm your understanding.

I understand the following:

I must have my completed and signed Application, which is this five-page form, and accompanying documents mailed to the Chinese American Insurance Association postmarked by the posted deadline date for scholarship consideration: **Chinese American Insurance Association, 12 North Hillside Avenue, Livingston, NJ 07039** or my completed and scanned application may be emailed, to info@caiaus.org by the deadline date of **February 20, 2024**.

Applicant Signature: _____ Date: _____

Two recommendations from academic sources are required.

- Make copies of this Recommendation Form.
- Give each of your 2 references a copy of this form to be completed and signed.
- All references must be written on College/University letterhead.
- Ask references to return their forms to you in a sealed envelope for inclusion with your application or they may mail directly to CAIA at the address below
- All 2 recommendations must be returned with your application or mailed/received by for your scholarship application to be considered.

To be Completed by Applicant

Applicant's Last Name _____ First _____ MI _____

Institution _____

Signature _____ Date _____

To be Completed by Reference

Provide your appraisal of the applicant on College/University letterhead and attach to this signed form. Return to applicant in a sealed envelope or you may send your recommendation directly to:
Chinese American Insurance Association, 12 North Hillside Avenue, Livingston, NJ 07039

Reference's Name _____ Title _____

School and Department _____

Phone Number (optional) _____

Signature _____ Date _____