

**Michigan Association of Professional**

**Insurance Agents**

**Scholarship Application**

Four County Community Foundation PO Box 539, Almont, MI 48003

810-798-0909 [www.4ccf.org](http://www.4ccf.org/) program@4ccf.org

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| This scholarship is being funded by the Michigan Association of Professional Insurance Agents. The scholarship was created for the benefit of Michigan students pursuing a degree in Insurance/Risk Management. Scholarship applications will be reviewed by a committee comprised of MIPIA members.**Application Deadline**: Your application must be received by May 1 via email to lszefi@mipia.com. Name Click here to enter text. Phone Click here to enter text.Address Click here to enter text. Cell # Click here to enter text.Click here to enter text.Click here to enter text. Email Click here to enter text.Zip Click here to enter text.  High School Graduation Date Click here to enter text. HS GPA Click here to enter text. College planning to attend or are currently attending Click here to enter text.Major Click here to enter text. **Financial Information** |
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| --- | --- |
|   | Describe your estimated tuition costs and room/board costs. |
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|   | Describe how you/your family plan to pay for college. Include government assistance and scholarships, if applicable. |
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| **Extracurricular Activities** |
|   | Describe in detail any extracurricular activities in which you currently participate. |   |
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|   | Describe in detail any community service projects/volunteer work in which you currently participate. |   |
|   |  |   |
|   | Describe in detail any current employment. |   |
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| **Essay** |
|   | How do you see the insurance industry today and what do you think it will look like ten or twenty years from now? |   |
|   | Please respond in essay form. |   |
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| **Additional Requirements** |
|   | Current Transcript |   |
|   | Attach your most current HS or college transcript. |   |
|   |  |   |
|   | ACT or SAT scores |   |
|   | Please provide either your ACT or SAT Scores (High School Seniors only) |   |
|   |  |   |
|   | FAFSA Information |   |
|   | Provide the part of the FAFSA that includes your Estimated Family Contribution. |   |
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| **Authorization** |
| My signature below verifies that I am a graduate of a Michigan High School and I personally completed this application. |
|   |   |   |
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|  |  |
| --- | --- |
|   | Signature |
|   |  |

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| --- | --- |
|   | Date |
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