



CAPE COD INSURANCE AGENTS ASSOCIATION, INC.

2017 SCHOLARSHIP APPLICATION

AWARD AMOUNT: \$2,000

APPLICATION SUBMISSION DEADLINE: APRIL 1, 2017

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

Email Address: _____ Telephone #: _____

Date of Birth: _____

SCHOOL INFORMATION:

Current High School or Accredited Institution: _____

Location City (Submit Transcripts): _____ State: _____

Institution to be Attended in 2017: _____

Location City: _____ State: _____

2 Year Institution 4 Year Institution Other (Describe): _____

Year of Study in the Fall of 2017: Freshman Sophomore Junior Senior
 Graduate

Intended Major or Course of Study: _____

Do You Plan to Live: Home On Campus Off Campus

Estimated Annual Cost (Tuition, Room & Board, Books): \$ _____

PERSONAL ESSAY:

Please attach a brief description addressing the following topics:

Academic Goals

Honors, Achievements & Affiliations

Interests, Hobbies & Activities

Volunteer & Community Service

Work Experience

Special Circumstances for the Scholarship Committee to Consider

CERTIFICATION & SIGNATURE:

I hereby certify that all information provided on this form and supporting material is true and complete to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

CCIAA Member Agency: _____

Agent Name/Relationship to Applicant: _____

INSTRUCTIONS:

Mail Fully Completed & Signed Application, Transcripts and Essay to;

CCIAA Scholarship, Attn: Arthur Murphy
c/o arthurmurphy@safetyinsurance.com
11 Robinson Creek Rd.
Pembroke Ma. 02359

Thank you for applying!

DEADLINE: APRIL 1, 2017