



Please complete your application digitally by typing your responses directly into the form. Remember to save your progress frequently to ensure your information is secure and up-to-date. The application is divided into seven sections. Please complete all sections thoroughly. Each section is important for processing your application.

SECTION 1 – GENERAL APPLICANT INFORMATION

Applicant’s Name: _____

Permanent Address: _____

Phone Number: _____ Alternate Phone Number: _____

Applicant’s Email: _____

Mother’s Name: _____ Father’s Name: _____

OR Guardian’s Name: _____

Parent’s / Guardian’s Email: _____

SECTION 2 – EDUCATIONAL INFORMATION

In addition to completing Section 2, you must enclose an official high school transcript dated after January 1.

Name of High School: _____

Address and County: _____

Guidance Counselor Name, Email Address, and Phone Number: _____

Expected Graduation Date: _____

Expected Award Ceremony Date (if applicable): _____

Unweighted GPA on a 4.0 scale: _____

ACT Score: _____ OR SAT Score: _____

Number of Honor Classes: _____

Titles of classes: _____

Number of College-level Courses: _____

Titles of courses: _____

Anticipated University: _____

Anticipated Major: _____

Anticipated Minor (if applicable): _____

Anticipated Length of Program (2-4 years): _____

Anticipated Start (i.e. Fall semester): _____

SECTION 7 – AFFIDAVIT

Under the penalties of perjury, I do solemnly affirm that all information provided is true to the best of my knowledge and belief. I do solemnly affirm that I have read and understand the entire application. Although confidentiality of information provided is expected of the Central Insurance Companies Educational and Charitable Foundation, I hereby authorize the Central Insurance Companies Educational and Charitable Foundation to investigate in any manner which it, in its discretion, deems necessary to determine the accuracy of the statements made in this application.

I accept the responsibility for notifying the Central Insurance Companies Educational and Charitable Foundation of any change from that stated in this application in the nature of my course curriculum, career goal, change of school, or enrollment status. I agree to make this notification immediately in writing. I understand and agree that failure to do so may obligate me to return any scholarship granted to me by the Central Insurance Companies Educational and Charitable Foundation.

Signature of Applicant

*Signature of Parent or Guardian
(if applicant is under 18)*

ACKNOWLEDGMENT CERTIFICATE

State of Ohio, County of _____

The foregoing instrument was subscribed and sworn before me on this _____ day of

_____, 20____ by _____.

(Notary Seal)

Signature of Notary Public – State of Ohio

My commission expires: _____
(date)

Mail your completed application (along with the required enclosures) by the last Friday in March to:

Central Insurance Companies Educational and Charitable Foundation
Attn: Alyssa Pohlman
800 S. Washington St.
Van Wert, OH 45891

Please submit this signed acceptance / release with your scholarship application.

In the event I am awarded a scholarship from the Central Insurance Companies Educational and Charitable Foundation for the next school year, the Foundation may use my name and biographical information submitted in the application process for announcements to the general public, high school, college, or university. My signature below also indicates my intention to accept a scholarship if one is awarded to me.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____
(if applicant is under 18)