



# Derek Hughes/NAPSLO Educational Foundation Insurance Scholarship Application

*The purpose of the Derek Hughes/NAPSLO Educational Foundation Insurance Scholarship is to further the study of insurance and encourage, support and reward those exceptional students who have an interest in an insurance career.*

## General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (MI)

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Local Telephone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Citizenship:  U.S.  Other: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

List name of any members of your family who are employed by or affiliated with NAPSLO members/firms: \_\_\_\_\_

## Academic Information (To be completed if applicant is a high school senior.)

High School Currently Attending: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

High School Honors, Awards, Etc.: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

GPA: \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_

College Attending (Fall): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Enrollment: \_\_\_\_\_ Proposed Credit Hours: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Major: \_\_\_\_\_ Minor(s): \_\_\_\_\_

(Desired Majors: Actuarial Science, Business, Economics, Finance, Insurance, Management, Risk Management, Statistics)

## Academic Information ( To be completed if applicant is a college student.)

College Currently Attending: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Year in School:  Freshman  Sophomore  Junior  Senior  Postgraduate

Major: \_\_\_\_\_ Minor(s): \_\_\_\_\_

(Desired Majors: Actuarial Science, Business, Economics, Finance, Insurance, Management, Risk Management, Statistics)

GPA: \_\_\_\_\_ SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Proposed Hours for each term: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Application Continued on Back**

## Other Colleges Attended

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Dates Attended: \_\_\_\_\_ Major: \_\_\_\_\_

GPA: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_

*Attach additional sheets with this information, if necessary.*

## Financial Information (MUST BE COMPLETED.)

<u>Student Source of Income:</u>	<u>Annual Amount</u>	<u>Student Source of Income:</u>	<u>Annual Amount</u>
Parents' Contribution:	\$ _____	Social Security Benefits:	\$ _____
Student's Salary:	\$ _____	Other Government Benefits:	\$ _____
Spouse's Salary:	\$ _____	Total Annual Income (all sources):	\$ _____
Scholarships or Grants:	\$ _____	Annual School Expenses:	\$ _____
G.I. Bill:	\$ _____		

List types of financial aid you are receiving or have received:

Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Amount: \_\_\_\_\_

*Attach additional sheets with this information, if necessary.*

Number of dependents: \_\_\_\_\_

Who sponsors your education? \_\_\_\_\_

What percentage of your college education will be or is being sponsored by you? \_\_\_\_\_%

## Personal Statement

Attach a one or two-page essay summarizing your career objectives, academic accomplishments, work experience, and pertinent extracurricular activities, as well as your reasons for applying for this scholarship. If applying with financial need, please state reasons.

## References

Please submit two (2) letters of recommendation from two (2) of the following sources: academic advisor, counselor, teacher/professor, employer or insurance professional. Applications will not be processed until recommendation letters are received.

## Transcript

Please submit an official copy of your academic transcript to the *Scholarship Committee*.

## Applicant's Statement

I certify that the above requested information is correct and true to the best of my knowledge. If the *Derek Hughes/NAPSLO Educational Foundation Insurance Scholarship* is granted, I will use the funds solely for the payment of tuition, fees, or books at the post-secondary institution specified. I understand that misrepresentation of facts called for on this application will disqualify me from further consideration, and if awarded the scholarship, will be cause for revocation of same.

I also grant the *Scholarship Committee* permission to use my name and/or likeness to publicize and/or promote the scholarship program.

I agree to inform the *Scholarship Committee* in the event that: a) my educational program is interrupted or terminated, or b) my current address or telephone number changes.

Date \_\_\_\_\_ Signature \_\_\_\_\_

PLEASE NOTE: All information (application, personal statement, two references, transcript) requested must be received by JUNE 1.

Mail application and related information to:

**Scholarship Committee**  
**Derek Hughes/NAPSLO Educational Foundation**  
**6405 North Cosby, Suite 201**  
**Kansas City, MO 64151**