



Educational Foundation 2010 Scholarship Program

The Central Insurance Companies' Educational and Charitable Foundation was founded to reward and support graduates seeking careers in the property and casualty insurance industry. Our company has provided financial security, protection and peace of mind for our policyholders for 130 years. We believe that by providing assistance to career-minded individuals, we can perpetuate this legacy.

We encourage each applicant to develop his or her knowledge and experiences to benefit insurers, agents and policyholders in the future.

Eligibility

1. Applicant must be a high school senior graduating in 2010.
2. Applicant must be graduating from a Van Wert County, Ohio school (Crestview, Lincolnview or Van Wert High School or Vantage Career Center) or be a dependent child of a current Central Insurance Companies employee or retiree.
3. Applicant must be planning to attend an accredited two- or four-year post secondary educational institution on a full-time basis by the end of 2010. The school of choice must have a program leading to a degree, diploma or certificate in the student's chosen major. The school may be a college, university, business or technical school.
4. The goal of the Central Insurance Companies' Educational and Charitable Foundation is to support educational studies and eventually provide qualified job prospects to the insurance industry. Applicant's major must have a specific use towards a career position within the insurance industry. Examples of acceptable majors or courses of study are:
 - Accounting
 - Actuarial / Mathematics
 - Claims Management
 - Computer Operations
 - Customer Service
 - Data Management
 - Human Resources
 - Insurance
 - Management
 - Marketing
 - Pre-Law
 - Programmer Analyst
 - Public Relations
 - Systems Programmer
 - Systems Technician
 - Underwriting
5. While not exclusively an academic scholarship, applicants must demonstrate academic promise and good character. A minimum 3.0 GPA in high school is required.
6. Applicants are asked to complete an extensive application including all of the items listed in the "Checklist" after Section 10 of this application.
7. Applications can be downloaded or printed from our website at www.cicecf.org. Completed applications and required materials should be submitted through the applicant's high school guidance office.

8. Applicants are applying for an annual scholarship that can be renewed upon review by the Directors. Stipulations for continuance are:
 - Applicant must continue to demonstrate academic promise and good character.
 - Transcripts of the applicant's progress towards a degree, diploma, or certificate in the chosen major that leads to a career position within the insurance industry must be submitted and verified.

Application Instructions

1. **Deadline: March 31, 2010.** There will be no exceptions to this deadline. The Directors will not review any applications received after March 31st unless they are clearly postmarked on or before the deadline. Applications mailed by others, including your guidance office, are not exempt from this deadline.
2. **Applicant must complete the application by him/herself.** (Parents and others -- please allow the students to complete the applications themselves.) Read the instructions and application carefully. Please be advised that all aspects of the application will count -- following directions, neatness, spelling, grammar, content and completeness will all be tallied in the selection process. Please do not include resumes, folders or photos with your application.
3. **Items Required With Application**
 - a. **Transcript** - Enclose a copy of your official high school transcript with your application. The transcript should have a signature, official stamp, and be sealed or otherwise indicate that the copy is official. The transcript should be dated after January 1, 2010. If ACT or SAT scores are not included on your transcript, please provide a printout of your highest scores for one of these. If you have taken post-secondary coursework, please provide a transcript. (*Helpful hint: Request your transcript well in advance of the application deadline. Your school may need time to process your request.*)
 - b. **Letters of Recommendation** - Two sealed letters of recommendation are required. Letters from anyone will be acceptable. Please ask the party to state their relationship to you in their letter. We suggest a letter from a teacher, counselor, or employer who knows you well. Each letter should be sealed in a separate envelope and the party who wrote the letter should sign and date the outside of the envelope. Enclose these sealed envelopes with your application. (*Helpful hint: It is highly recommended that these parties read about the eligibility requirements of the scholarship before writing their letters. You may submit copies of letters used for college entrance applications or other scholarships if you feel they are appropriate. They should still be sealed, signed and dated on the outside of the envelope by the parties that wrote them.*)
 - c. **Essay on the topic "My Career Goal"** - The essay may only be one side of one page in length. It must be typed or neatly hand written by the applicant. Having a clear career goal is an important eligibility requirement for candidates of this scholarship. Therefore, the content of your essay is very important to the Directors. Please use the following questions as a guide to writing your essay:
 - ▶ What is your career goal?
 - ▶ What major have you chosen to study? (This may already be obvious from your career goal.)
 - ▶ Tell us what motivated you to select your career goal. Was it an individual experience? How long ago?
 - ▶ How have you been preparing for your career?

Questions

If you have a question about the application procedure, please *first* consult your Guidance Counselor. You may direct specific questions about the scholarship or our Educational Foundation to:

Central Insurance Companies Educational and Charitable Foundation
800 S. Washington St. · Van Wert, OH 45891
E-mail: cicecf@central-insurance.com

What Happens After You Apply?

1. A screening committee will check all applications for eligibility and completeness.
2. The Directors will review all remaining applications and select finalists by the middle of May. This scholarship is awarded on an objective and non-discriminatory basis without regard to race, color, religion or sex.
3. The names of our scholarship recipients will be posted on our website as soon as the selection process is complete. All applicants should check our website to verify their status. Due to the volume of applicants, notices will not be mailed to the remaining applicants.
4. Recipients and their parents/guardians will meet with a Director of the Foundation.
5. As the recipient receives bills for tuition, books, other related school fees, and room and board, the recipient will forward them to the Central Insurance Companies' Educational and Charitable Foundation. After review, the Foundation will issue a check made out to the recipient's chosen educational institution and mail that check to the recipient. The recipient will need to pay any remaining parts of the bill and send all items to their chosen educational institution.
6. In order to continue receiving the scholarship award following the first term, recipients will be expected to maintain a minimum 3.00 cumulative GPA on a 4.0 scale and remain in school full-time. The recipient's chosen school will define "full-time." Special circumstances will be considered on an individual basis.
7. The scholarship may be renewed up to three additional years. A short renewal application and evidence that coursework is leading to the student's specified degree, diploma or certificate will be required. That coursework is expected to lead to a career position within the insurance industry.
8. In the event the scholarship recipient is unable to meet the terms of the scholarship during the eligible period, no further scholarship payments will be made.
9. The Central Insurance Companies' Educational and Charitable Foundation reserves the right to make changes to this program as it deems necessary.



Educational Foundation 2010 Scholarship Application

Please read pages 1, 2 & 3 before completing this application. You may use black ink or type the application. Use only the space provided. Do not write on the back. Please note there are 10 sections to the application.

Section 1 - GENERAL APPLICANT INFORMATION

Applicant's Name: _____

Permanent Address: _____

Phone Number: _____ Alternate Phone Number: _____

Applicant's E-mail: _____

Mother's Name: _____ Father's Name: _____

OR Guardian's Name: _____

Parent's / Guardian's E-mail: _____

Section 2 - HIGH SCHOOL INFORMATION

In addition to completing Section 2, you must enclose an official high school transcript dated after January 1, 2010.

Name and Address of High School: _____

Name of County: _____

School Phone Number: _____

Please check one: Public high school Non-public high school

Expected Date of Graduation: _____

Current Cumulative GPA on a 4.0** scale: _____

** If not on a 4.0 scale or if scale is weighted, please explain: _____

Current class rank _____ of _____ total students in senior class.

ACT Score: _____ OR SAT Score: Verbal: _____ Math: _____ Total: _____

During my junior and senior years, I have taken a total of _____ honor classes.

I have taken a total of _____ post-secondary courses (college level coursework) and have included a transcript. Yes No

Section 7 - EMPLOYMENT

I usually work an average of _____ hours per week during the school year and _____ hours per week during the summer.

Starting with the most current, provide the requested information for your three most recent employers:

1. Employer Name and Address: _____

Type of Business: _____

Position or Nature of Work: _____

Hours per Week Worked: _____

Dates Employed: _____

Phone Number: _____

2. Employer Name and Address: _____

Type of Business: _____

Position or Nature of Work: _____

Hours per Week Worked: _____

Dates Employed: _____

Phone Number: _____

3. Employer Name and Address: _____

Type of Business: _____

Position or Nature of Work: _____

Hours per Week Worked: _____

Dates Employed: _____

Phone Number: _____

(Helpful hint: List all work, including babysitting, working in the family business or farm, even if you were not paid.)

Section 8 - LETTERS OF RECOMMENDATION

Enclose two letters; see instructions (item 3.b., page 2) for details.

Section 9 - SCHOOL INFORMATION

Have you decided which school you will attend? Please check one: Yes No

If Yes, please complete the information below about your first choice.

If No, explain why or what your decision will be based upon and complete the information about your first two choices.

FIRST CHOICE

School Name: _____

City/State/Zip: _____

If this is not a 4-year program, please describe: _____

Have you applied and been accepted? Yes No

I plan to attend the term beginning: _____

Annual Tuition: _____

Fees and Books (estimated): _____

Room and Board (do not include if living at home): _____

Total expected Annual Cost: _____

This school is my first choice because: _____

SECOND CHOICE

School Name: _____

City/State/Zip: _____

If this is not a 4-year program, please describe: _____

Have you applied and been accepted? Yes No

I plan to attend the term beginning: _____

Annual Tuition: _____

Fees and Books (estimated): _____

Room and Board (do not include if living at home): _____

Total expected Annual Cost: _____

This school is my second choice because: _____

Section 10 - AFFIDAVIT

Must be signed and affirmed before a Notary Public.

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 including the instructions and all information on pages 1, 2 and 3 of this scholarship 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 my nature of 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.

(Please sign in the presence of the notary)

Signature of Applicant
Affirmed before me and signed in my
presence this _____ day of
_____, 20__.

Signature of Parent or Guardian
Affirmed before me and signed in my
presence this _____ day of
_____, 20__.

Notary Public Signature

County State

Notary Public Signature

County State

Checklist:

- | | |
|---|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Two Letters of Recommendation |
| <input type="checkbox"/> Transcript and ACT or SAT Scores | <input type="checkbox"/> Acceptance / Release Form |
| <input type="checkbox"/> Essay | |

Once you have completed the application, mail pages 4-9 of your application (along with the required enclosures) by March 31, 2010 to:

Central Insurance Companies
Educational and Charitable Foundation
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 2010-2011 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 _____