

# Insurance Women of San Antonio Scholarship Application

(Open to all students who meet the scholarship qualifications)

School Year: **2022-2023**

Major: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

College to Attend: \_\_\_\_\_ College Address: \_\_\_\_\_

College Level: \_\_\_\_\_

Employment History (if any)

Type of Work

Employment Dates

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Please list extracurricular activities, awards, and honors received, as well as club memberships, offices held, or other committee involvement. (attach extra sheets if necessary)

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

5.) \_\_\_\_\_

***Please include an autobiography, a statement or career plan, transcript of most recent grades, and at least two letters of reference.***

It is understood and agreed that, if I am selected to receive an IWSA scholarship but do not maintain a minimum 3.0 GPA or uphold any other scholarship qualifications, I will withdraw my application. This will not prevent me from reapplying at a later date.

It is further understood and agreed that if I am selected, IWSA has my permission to photograph and use my picture or likeness on the IWSA website and for other social media or promotional activities pertaining to the IWSA Scholarship Program.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is under 18) Date: \_\_\_\_\_

## Return to:

Liz Glover  
President Elect- Education Chair  
Insurance Women of San Antonio  
P.O. Box 461083  
San Antonio, Texas 78246-1083

Please direct any questions to [lizglover.iwsa@gmail.com](mailto:lizglover.iwsa@gmail.com).

**\*\*\* MUST BE POSTMARKED BY: April 15, 2022 \*\*\***