

Insurance Women of San Antonio Scholarship Application

(Open to all students who meet the scholarship qualifications)

School Year: _____ Major: _____

Applicant Name: _____

Address: _____

Email Address: _____ High School: _____

College to Attend: _____ College Level: _____

College Address: _____

Employment History (if any)	Type of Work	Employment Dates
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Please list extracurricular activities, awards, and honors received, as well as club memberships, offices held, or other committee involvement (attach extra sheets if necessary)

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:

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

*****MUST BE POSTMARKED BY: APRIL 17, 2020***#**