

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 148 years. We believe by providing assistance to career-minded individuals, we can perpetuate this legacy.

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

## ELIGIBILITY

1. Applicant must be graduating high school in 2024.
2. Eligible applicants must meet one of the following requirements to apply:
  - a. Graduating from an Ohio-based school in Van Wert, Mercer, Putnam, or Paulding Counties or Delphos City Schools, or
  - b. Be a dependent of a current Central Insurance employee or retiree, regardless of high school location, or
  - c. Be a current employee at Central Insurance or Willow Bend Country Club, regardless of high school location.
3. Applicant must plan to attend an accredited two- or four-year post-secondary educational institution on a full-time basis by the end of 2024. 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 Central Insurance Companies Educational and Charitable Foundation aims 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	- Insurance
- Actuarial / Mathematics	- Management
- Claims Management	- Marketing
- Computer Science	- Pre-Law
- Customer Service	- Public Relations
- Data Management	- Quantitative Science
- Human Resources	- 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](http://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 29, 2024.** There will be no exceptions to this deadline. The directors will not review any applications received after March 29 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 themselves.** (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 and official stamp, and be sealed or otherwise indicate the copy is official. The transcript should be dated after January 1, 2024. 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 scholarship’s eligibility requirements 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 handwritten by the applicant. Having a clear career goal is an important eligibility requirement for candidates for this scholarship. Therefore, the content of your essay is very important to the directors. Please use the following questions as a guide to write 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  
Email: [cicecf@central-insurance.com](mailto: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 nondiscriminatory basis without regard to race, religion, sex, national origin, disability, age, or any other status protected by federal or state law.
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 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. To continue receiving the scholarship award following the first term, recipients will be expected to maintain a minimum 3.0 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. If 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 change this program as it deems necessary.



Please read pages 1, 2, and 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 Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

OR Guardian's Name: \_\_\_\_\_

Parent's / Guardian's Email: \_\_\_\_\_

SECTION 2 - HIGH SCHOOL INFORMATION

In addition to completing Section 2, you must enclose an official high school transcript dated after January 1, 2024.

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 3 - CAREER GOAL

State your planned undergraduate major and your career goal:

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

Career Goal: \_\_\_\_\_

\_\_\_\_\_

**SECTION 4 - ESSAY TOPIC: MY CAREER GOAL**

You should answer the questions listed in the instructions (item 3.c. on page 2). Please use a separate sheet of paper and limit your essay to one side of one page.

**SECTION 5 - ACTIVITIES RELATED TO YOUR CAREER GOAL**

List your recent school activities, coursework, employment, volunteer work, interests, accomplishments, or other similar activities you feel relate to your career goal and demonstrate what you are doing to reach your career goal. You may include an explanation if you consider it necessary. Please list a maximum of five that you feel are the most important:

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**SECTION 6 - OTHER ACTIVITIES**

List or describe up to four of your other activities, accomplishments, awards, interests, or characteristics you feel would be important to the directors of the Educational Foundation:

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## 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 four-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 four-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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 10 - 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, 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 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.

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*Signature of Applicant*

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*Signature of Parent or Guardian*

### 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 29, 2024 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 2024-2025 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 \_\_\_\_\_