

Massachusetts Association of Insurance Women, Inc.
Norfolk Chapter

2016 Barbara Dickson Calos Memorial Scholarship
– Application –

Deadline for Return: application must be postmarked by May 6, 2016

Applicant's Name: _____ Telephone Number: _____

Address: _____

List the post-secondary institution to which you have been accepted and plan to attend for the 2016-2017 academic year and your intended major field(s) of study:

ACADEMIC ACHIEVEMENT

List academic awards or recognitions which you have received:

_____	_____
_____	_____
_____	_____
_____	_____

SCHOOL ACTIVITIES

List extracurricular activities and years involved in these activities:

<u>Activity</u>	<u>Level of participation</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please include additional sheets where needed)

COMMUNITY INVOLVEMENT

List any community service you have performed:

<u>Activity</u>	<u>Level of participation</u>	<u>Years</u>

FINANCIAL INFORMATION

List any circumstances which would affect you or your parent(s)/guardian(s) being able to finance your education:

Your Employment History:

<u>Employer</u>	<u>Position</u>	<u>Years</u>

List your Estimated Income and Expenses for next year:

Tuition _____ Room and Board _____ Other fees and supplies _____
 Savings _____ Contribution by parent(s)/guardian(s) _____
 Financial Aid/Scholarships _____

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(Please include additional sheets where needed)

ESSAY:

Please attach a short essay (one typewritten page) explaining why you are interested in receiving this scholarship and advising us of your future goals. Please feel free to include any information about yourself that you wish to share with our committee.

TRANSCRIPT:

Please include an official high school transcript with your application – or, if your official transcript must be sent separately directly from your school, please be sure it is postmarked by the application deadline of May 6, 2016. Thank you.

LETTER(S) OF RECOMMENDATION – (OPTIONAL):

Optional – Please feel free to share letter(s) of recommendation from teachers, coaches, guidance counselors, employers, etc. if you would like. Not required.

PLEASE NOTE: Please submit all documents, marked Personal and Confidential, postmarked by May 6, 2016 to the attention of:

Personal and Confidential
Kristin L. Camarra JD, CPIW
MAIW Norfolk Chapter Scholarship Committee
P.O. Box 201
Canton, MA 02021

Please note: all information you provide in this application will be kept private and confidential and will be seen only by our Scholarship Committee to help determine a recipient or recipients for our 2016 scholarships. Once a scholarship recipient or recipients have been chosen all other applications will be properly disposed of to maintain privacy and confidentiality.

Thank you.

(Please include additional sheets where needed)