



2025 COLLEGE SCHOLARSHIP APPLICATION

Last Name	First Name	MI
	Make sure you qualify for this scholarship. (Each box must h	be checked.)
l am c	urrently attending a US college/university and completing or have completed	my second year.

I am currently enrolled with a major in insurance, risk management, actuarial science, and all other related majors such as business administration, finance, economics, etc.

I have achieved at least a 3.0 overall grade-point average on a 4.0 scale.

I am **NOT** receiving full reimbursement for the expenses of tuition, books, etc., from any outside source.

Provide all the necessary information (Please Print or Type)

Last Name	First Name	MI
Mailing Address		
Permanent Address		
Cell Phone	Parent's Home Phone	
E-Mail Address		
Current Class Standing	Sophomore Junior Senior Masters Candida	ate Ph.D. Candidate
Major Field of Study		
Minor Field of Study		
School Currently Attendi	ng	
School Planning to Atten	d (If a junior or senior)	
Date Expected to Comple	ete Degree 🔲 Undergraduate 🗌 Grad	duate
	(Month/Year)	(Month/Year)





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Formal Education	Name	Location (City/State)	Year Graduated
High School			
College/University			
Other			

Academic Record:		Undergraduate (GPA)	on a	scale.
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Graduate (GPA) ______ on a _____ scale.

Extracurricular and personal activities: (Include specific events and/or accomplishments, such as nonacademic honors won, sports, etc. Attach a separate sheet if necessary. Please include those activities that demonstrate your leadership skills).

Activity	FR	Year o SO	f Partici JR	pation SR	GR	#Hours/Week	Position Held Honor Won

Insurance, risk management, or actuarial courses completed or currently enrolled in. (List professional designations working toward or attained. Attach a separate sheet if necessary. To be eligible, you must list the two required insurance-related courses).

College Course	Date Completed/ To Be Completed	Professional Designation	Date Attained/ To Be Attained





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Work experience: List any jobs, including summer employment, you have held.

Specific Nature of Work	Employer	
	Employment Dates	
	Hours/Week	
Specific Nature of Work	Employer	
	Employment Dates	
	Hours/Week	
Specific Nature of Work	Employer	
	Employment Dates	
	Hours/Week	
Specific Nature of Work	Employer	
	Employment Dates	
	Hours/Week	

Essay. On a separate sheet, describe in approximately 300 words, your chosen career path and goals.





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I affirm that the information provided on and with this application is true, to the best of my knowledge. I further affirm that I am not receiving full reimbursement for the expenses of tuition, books, etc., from my employer or any other outside source.

I understand that the information in my application will be shared with the Scholarship Evaluation Committee and the Chinese American Insurance Association Board of Directors for the purpose of evaluating my application. I also understand that limited information (my name, e-mail address, home address, and phone number) will be made available to scholarship sponsors. My scholarship application information will not be shared with or given to any other third party, not listed above. If awarded a College Scholarship, I give permission to Chinese American Insurance Association to publish my name as a scholarship recipient on their website and in other insurance publications.

For detailed information, please go to the following website www.caiaus.org

Applicant's	Signaturo
Applicants	Signature.

Date:

Scholarship Amount Offering: \$5,000.00

To be Completed by Dean, Department Head, or Authorized Representative				
I certify that (Applicant's Name)	is a full-time			
student at	College/University.			
Name:	Title:			
Signature:	Date:			

I have done the following:

Completed the Application.
Signed the Application.
Had a representative of my college/university sign the Application.
Provided two completed Recommendation Forms from academic references. (see page 5 for instructions)
Provided a 300-word essay describing my chosen career path and goals.





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Confirm your understanding.

I understand the following:

I must have my completed and signed Application, which is this five-page form, and accompanying documents mailed to the Chinese American Insurance Association postmarked by the posted deadline date for scholarship consideration: **Chinese American Insurance Association, 12 North Hillside Avenue, Livingston, NJ 07039** or my completed and scanned application may be emailed, to info@caiaus.org by the deadline date of **February 14, 2025.**

Applicant Signature: ____

Date:

Two recommendations from academic sources are required.

- Make copies of this Recommendation Form.
- Give each of your 2 references a copy of this form to be completed and signed.
- All references must be written on College/University letterhead.
- Ask references to return their forms to you in a sealed envelope for inclusion with your application or they may mail directly to CAIA at the address below
- All 2 recommendations must be returned with your application or mailed/received by for your scholarship application to be considered.

To be Completed by Applicant

Applicant's Last Name	First	MI
Applicanto East Name	1 1150	1411

Institution

Signature

Date

To be Completed by Reference

Provide your appraisal of the applicant on College/University letterhead and attach to this signed form. Return to applicant in a sealed envelope or you may send your recommendation directly to: **Chinese American Insurance Association, 12 North Hillside Avenue, Livingston, NJ 07039**

Reference's Name	Title
School and Department	
Phone Number (optional)	
Signature	Date