





Last Name	First Name	MI		
Make sure you qua	nlify for this scholarship. (Each box i	must be checked.)		
I am currently 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 o	verall 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 ti	ne necessary information (Please Pl	rint or Type)		
Last Name	First Name	MI		
Mailing Address				
Permanent Address				
Cell Phone	Parent's Home Phone			
E-Mail Address				
Current Class Standing Sopho	omore Junior Senior Master	rs Candidate Ph.D. Candidate		
Major Field of Study				
Minor Field of Study				
School Currently Attending				
School Planning to Attend (If a junior	or senior)			
Date Expected to Complete Degree	Undergraduate	Graduate		
	(Month/Year)	(Month/Year)		







Formal Education		1	Name			Location (City/State)		Year Graduated
High School								
College/University								
Other								
_	ergraduate (GPA)			on a scale.				
Extracurricular and personal a honors won, sports, etc. Attac leadership skills).			•			·		
Activity	FR	Year o SO	f Partici JR	ipation SR	GR	#Hours/Week	(Position Held Honor Won
Insurance, risk management, oworking toward or attained. A viewed positively and are defi	tach a	separa	te shee	t if nece	essary.	•		_
College Course Date Complete To Be Complete				Professional Designation		Date Attained/ To Be Attained		







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.







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

Provided a 300-word essay describing my chosen career path and goals.

Applicant's Signature:		Date:		
Scholarship Amount Offering: \$5,000.00				
	To be Completed by Dean, Department Head, o	r Authorized F	Representative	
	I certify that (Applicant's Name)		is a full-time	
	student at		College/University.	
	Name:	Title:		
	Signature:			
I ha	have done the following:			
	Completed the Application.			
	Signed the Application.			
	Had a representative of my college/university sign the Application	٦.		
	Provided two completed Recommendation Forms from academic	references. (see	page 5 for instructions)	







Confirm your understanding.

I understand the following:

Signature

must have my completed and signed Application, mailed to the Chinese American Insurance Associa consideration: Chinese American Insurance Association completed and scanned application may be emailed.	ation postmarked by the posted deadlinciation, 12 North Hillside Avenue, Livi	ne date for scholarship ngston, NJ 07039 or my
Applicant Signature:	Date:	
 Two recommendations from academic sor Make copies of this Recommendation Form. Give each of your 2 references a copy of this for All references must be written on College/Unive Ask references to return their forms to you in a smail directly to CAIA at the address below All 2 recommendations must be returned with you application to be considered. 	rm to be completed and signed. ersity letterhead. sealed envelope for inclusion with your	
To be Co	mpleted by Applicant	
Applicant's Last Name	First	MI
Institution		
Signature	Date	
To be Cor	mpleted by Reference	
Provide your appraisal of the applicant on Col Return to applicant in a sealed envelope or yo Chinese American Insurance Association, 12	ou may send your recommendation dire	ectly to:
Reference's Name	Title	
School and Department		
Phone Number (optional)		

Date