



Insurance Women of North San Diego County

P.O. Box 1942, Vista, CA 92085-1942

SCHOLARSHIP APPLICATION

Submission Deadline June 1, 2003

1. Name _____
Last First Middle Initial
2. Address _____
3. Phone Number _____
4. E-mail Address _____
5. Are you employed? _____
6. Employer _____
7. Position _____
8. High School Graduated from _____
9. College Major or Insurance Class _____
10. Is this application based on financial need? _____
11. Activities in which you have been involved (Community/Volunteer) _____

12. Special Honors or Awards received _____

13. Career Goals _____

14. What will this scholarship be used for _____

15. Please attach three letters of recommendation from non-family members.

I hereby certify the above is true and correct to the best of my knowledge, and permission is given to verify the information given in this application.

Date _____

Signature _____

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Mail Completed Application and Attachments to:

Insurance Women of North San Diego County, Attn: Scholarship Committee
P.O. Box 1942, Vista, CA 92085-1942