



*"Promoting Professional Insurance Commerce"*

[www.STLIA.org](http://www.STLIA.org)

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The Saint Louis Independent Agents Association is pleased to offer multiple merit-based scholarships to the children and grandchildren of those employed by STLIA member organizations and who are enrolled in higher education at all levels. Students will have exhibited a commitment to learning and will write a short essay describing themselves as an individual including their individual career goals.

The following scholarship application with integrated essay is required for consideration. The application contains fields that enable typing directly on the application, and the fonts will resize as needed. The file can be saved and worked on in multiple sessions from your computer. However, the fields will not save if filled out within the Internet browser window so please save the application to your computer. There are Print and Save buttons on page one.

Please save the file with your full name as the file name, and email the completed application as an attachment to [scholarships@stlia.org](mailto:scholarships@stlia.org). The application is due no later than May 1, 2024. Within a few days, an acknowledgment email will be sent confirming receipt of the application. Scholarship recipients will be announced this summer.

St. Louis Independent Agents  
Scholarship  
Application Form

APPLICANT INFORMATION		
NAME		
LAST	FIRST	MIDDLE
PERMANENT ADDRESS		
CITY		STATE ZIP CODE
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	
DATE OF BIRTH	AGE	
EMAIL ADDRESS		
PARENT INFORMATION		
NAME OF FATHER, STEPFATHER, GUARDIAN		
PLACE OF EMPLOYMENT	POSITION TITLE	
NAME OF MOTHER, STEPMOTHER, GUARDIAN		
PLACE OF EMPLOYMENT	POSITION TITLE	
OTHER FAMILY MEMBERS		
BROTHER/SISTER NAME	AGE	SCHOOL ATTENDING

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**APPLICANT EDUCATION INFORMATION**

HIGH SCHOOL

ADDRESS

TELEPHONE NUMBER

GRADUATION DATE

MOST RECENT SCORE ON ACT OR SAT AND CUMULATIVE GPA

ACT SCORE \_\_\_\_\_ SAT SCORE \_\_\_\_\_

HIGH SCHOOL CUMULATIVE GPA \_\_\_\_\_ COLLEGE/UNIVERSITY CUMULATIVE GPA (if applicable) \_\_\_\_\_

**APPLICANT'S SCHOOL AND COMMUNITY ACTIVITIES**

LIST SCHOOL AND COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATED TO A SIGNIFICANT DEGREE AND TO WHICH YOU MADE POSITIVE CONTRIBUTIONS.

ACTIVITY	POSITION HELD	YEAR PARTICIPATED FR SOPH JR SR	RECOGNITION

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**LIST ANY HONORS OR AWARDS YOU RECEIVED THAT ARE NOT LISTED IN THE PREVIOUS SECTION**

HONOR/AWARD	REASON FOR HONOR	YEAR AWARDED

**APPLICANT'S FUTURE**

WHAT ACADEMIC PROGRAM/MAJOR OR TECHNICAL PROGRAM ARE YOU CONSIDERING?

WHAT DO YOU SEE AS YOUR FUTURE OCCUPATION/PROFESSION?

PLEASE LIST TWO (2) REFERENCES. EXAMPLES OF REFERENCES INCLUDE A PRINCIPAL, HEADMASTER, COUNSELOR, TEACHER, EMPLOYER, SUPERVISOR, OR RELIGIOUS LEADER. PLEASE DO NOT CHOOSE A RELATIVE.

NAME	ADDRESS	TELEPHONE NUMBER
1)		
2)		

**APPLICATIONS TO COLLEGES, UNIVERSITIES, TECHNICAL SCHOOLS (Skip if currently enrolled in higher education.)**

LIST, IN ORDER OF YOUR PREFERENCE, THE NAMES AND ADDRESSES OF COLLEGES, UNIVERSITIES, OR TECHNICAL SCHOOLS TO WHICH YOU HAVE APPLIED. IF YOU HAVE DECIDED WHICH SCHOOL YOU WILL BE ATTENDING, PLEASE MARK THAT SCHOOL WITH AN ASTERISK (\*) AND COMPLETE THE ADMISSION AND ACCEPTANCE INFORMATION.

COLLEGE/UNIVERSITY/TECHNICAL SCHOOL	ADDRESS

ADMISSION DECISION \_\_\_\_\_ DATE ACCEPTED \_\_\_\_\_

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WORK EXPERIENCE		
LIST YOUR PAID OR VOLUNTEER WORK EXPERIENCE (FULL OR PART TIME) INCLUDING FAMILY BUSINESS EXPERIENCE. IF NOT EMPLOYED, DESCRIBE THE USE OF YOUR SUMMER AFTER YOUR JUNIOR YEAR.		
1) COMPANY OR EMPLOYER		JOB DESCRIPTION
DATES OF EMPLOYMENT FROM _____ TO _____		HOURS PER WEEK
PAY PER HOUR	SUMMER ONLY WORK? YES _____ NO _____	VOLUNTEER WORK? YES _____ NO _____
2) COMPANY OR EMPLOYER		JOB DESCRIPTION
DATES OF EMPLOYMENT FROM _____ TO _____		HOURS PER WEEK
PAY PER HOUR	SUMMER ONLY WORK? YES _____ NO _____	VOLUNTEER WORK? YES _____ NO _____
3) COMPANY OR EMPLOYER		JOB DESCRIPTION
DATES OF EMPLOYMENT FROM _____ TO _____		HOURS PER WEEK
PAY PER HOUR	SUMMER ONLY WORK? YES _____ NO _____	VOLUNTEER WORK? YES _____ NO _____



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**ESSAY** (Please limit essay to space available below. Font will automatically resize as you type.)

IN THE SPACE BELOW, PLEASE WRITE AN ESSAY THAT WILL HELP THE ST. LOUIS INDEPENDENT AGENTS ORGANIZATION BETTER UNDERSTAND YOU AS AN INDIVIDUAL AND YOUR PERSONAL GOALS.

**ESSAY CONTINUED** (Please limit essay to space available below. Font will automatically resize as you type.)

WHY DO YOU THINK YOU DESERVE THIS SCHOLARSHIP FROM THE ST. LOUIS INDEPENDENT AGENTS ORGANIZATION?

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**CONCLUSION AND SIGNATURE**

THE ST. LOUIS INDEPENDENT AGENTS SCHOLARSHIP FUND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, CREED, NATIONAL ORIGIN, SEX, OR CONDITION OF HANDICAP IN THE ADMINISTRATION OF ITS SCHOLARSHIP PROGRAM.

YOUR SIGNATURE AT THE END OF THIS APPLICATION AUTHORIZES THE ST. LOUIS INDEPENDENT AGENTS ORGANIZATION AND ITS SELECTION COMMITTEE TO EXAMINE YOUR ACADEMIC AND PERSONAL RECORDS AND TO RELEASE PERTINENT DATA TO THOSE INVOLVED WITH THE SCHOLARSHIP FUND PROGRAM. YOUR SIGNATURE ALSO AUTHORIZES THE ST. LOUIS INDEPENDENT AGENTS ORGANIZATION TO VERIFY ANY INFORMATION RELATED TO YOUR APPLICATION.

PLEASE VERIFY THAT ALL INFORMATION IN THE APPLICATION IS COMPLETE AND THAT YOU HAVE SIGNED THE APPLICATION BELOW. *THIS APPLICATION MUST BE SUBMITTED BY APRIL 15TH.* EMAIL COMPLETED APPLICATION AS AN ATTACHMENT TO:

scholarships@stlia.org

APPLICANT'S SIGNATURE

DATE

Typing your name here represents your signature and your acknowledgement of the accuracy of the application information.

**INFORMATION RELEASE**

IF YOU ARE SELECTED TO RECEIVE AN STLIA SCHOLARSHIP, MAY WE RECOGNIZE YOUR AWARD AND USE YOUR NAME ON OUR WEBSITE AND IN EMAIL COMMUNICATION TO OUR EMAIL SUBSCRIBERS?

YES\_\_\_\_\_ NO\_\_\_\_\_