



Insurance Program Scholarship \$300 Award

Who may apply? Any student who is enrolled or planning on enrolling in an Insurance course(s) and is not receiving employer reimbursement.

How to apply?

1. Complete all sections of the application.
2. Email the Application by using the Submit by Email link
OR
3. Save the application on your H:/ drive and email the completed copy to the Foundation office at foundation@madisoncollege.edu
OR
4. Print the application.
5. Sign and date the application. Unsigned applications will not be considered.
6. Mail or deliver application to:
Madison College Foundation
3591 Anderson Street, Suite 203A

What is the deadline? The deadline is **one week prior to the start of your Insurance Class.**

What is the amount of a scholarship? \$300.

Eligibility is one per student. All scholarships are reported to the College Financial Aid Office. In the event that you are over-awarded, your scholarship may be applied to your outstanding loans.

What is the Madison College Foundation? The Foundation was established in 1973 as a private, non-profit corporation to support the students and faculty of the college through gifts from alumni, faculty and staff, corporations, foundations, and other friends of the College.

Where do I call if I have a question? Call the Foundation Office at 608-246-6441 or e-mail foundation@madisoncollege.edu.

The Madison College Foundation:

Enriching our community's quality of life by helping students achieve their career dreams.

Madison College Foundation

Insurance Program Scholarship

Deadline: **one week prior to the start of your Insurance Class.**

PERSONAL INFORMATION

Name _____ Student ID# _____
Street, Apt #, P.O. Box
City, State, Zip _____ County _____
Email _____ Phone _____

Madison College Campus: Truax Commercial Downtown West
 Fort Atkinson Portage Reedsburg Watertown

EDUCATION - List high school, other colleges/universities you attended

| School and City | Dates | Diploma/Degree |
|-----------------|-------|----------------|
|-----------------|-------|----------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EMPLOYMENT

| Name of Employer | Dates from – to | Position | Hours |
|------------------|-----------------|----------|-------|
|------------------|-----------------|----------|-------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Optional, this information will not affect your eligibility.

African American Asian or Pacific Islander Caucasian Hispanic
 Hmong Native American Other: _____
 Veteran Single Parent

ADDITIONAL REQUIREMENTS SPECIFIC TO THIS SCHOLARSHIP

- I am not receiving employer reimbursement for this course(s).
 I am currently enrolled in Insurance course(s)

SHORT ESSAYS - Type a brief essay in response to the topics below.

Which Insurance course(s) are you interested in and why?

Insurance is designed to provide "peace of mind"; to provide a financial resource should you suffer a loss of property, life, or health or unintentionally cause injury to another or damage their property. If you could insure anything of value to you (and you can) what would you insure and why is it valuable to you?

What are your goals/plans after you complete your Madison College degree?

Describe your involvement in professional, community and/or extracurricular activities. List the organizations and activities. Include any leadership positions that you have held. If unable to participate, provide a brief explanation.

Additional Consideration – describe any other recent major life changes that should be considered.

I authorize access and release to the scholarship selection committee all relevant information concerning financial resources I may receive, as well as high school and/or college academic records. This information will be used for evaluating the application and not published or shared with others. I also authorize the Foundation to share information from this application with scholarship donors.

To ensure a fair and objective review process, it is the policy of the Foundation not to comment on the deliberation of the awards committee. Thus the Foundation is unable to provide written or oral evaluations to applicants after decisions are made. No provisions exist for reconsideration of awards after scholarships are announced. All applications and supporting materials become the property of the Madison Area Technical College Foundation and, as such, will not be returned.

I certify that the information I have supplied on this application is complete and accurate to the best of my knowledge, and I understand that knowingly submitting inaccurate or false information will result in the denial or loss of any scholarship offers or awards.

Signature

Date

Return the completed application **one week prior to the start of your Insurance Class.**

Madison College Foundation
3591 Anderson Street, Suite 203A
Madison, WI 53704