

Joe Dimmick Memorial Foundation, Inc

Scholarship Application

Personal Information

Name _____ Home Phone (____) _____

Home Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Today's Date _____

Educational Information

High School _____

City _____ State _____ Year Graduated _____ GPA: _____

College _____

City _____ State _____

Major/Intended Major _____ Full Time or Part Time (circle one)

Special Achievements/Honors/Recognition

Extracurricular Activities/ Community Involvement/ Employment

Please write a short statement (limit 1000 characters with spaces) including your reasons for pursuing a career in insurance, why you would be a deserving recipient of this scholarship, and what you envision yourself doing 10 years from now.