**CLORE INSURANCE GROUP/ERIE INSURANCE**

**“ABOVE ALL IN SERVICE” SCHOLARSHIP**

**HISTORY AND INTENT OF SCHOLARSHIP:**

The Clore Insurance Group /Erie Insurance “Above all in service” scholarship began in 2011 and is sponsored by Clore Insurance Group, an Erie Insurance agency and Erie Insurance, a recognized leader in and provider of personal, commercial and life insurance products. Both the agency and Erie Insurance have strong commitments to community and the young men and women who will become the next generation of leaders in a diverse group of industries and cultures. Erie’s dedication to service is reflected in their slogan “Above all in sERvIcE”. Because Erie and Clore Insurance Group recognize the value of service to others, the recipient of this scholarship must demonstrate a serious commitment to both academic achievement and serving community, school, and/or peers in a manner that is not self-serving and easily recognizable to others. This is a $500, non-renewable scholarship awarded to a graduating senior who will attend a two or four-year accredited college or technical school. Students should submit completed application packets to Clore Insurance Group directly. Instructions to submit are located at the end of the application.

 **REQUIREMENTS**

1. GPA “B” average or better (based on your schools GPA scale)

2. Montgomery county high school senior in good standing planning to attend college, university or

 technical school during the Fall immediately following graduation

3. Verification of acceptance to such an institution to be provided to Clore Insurance Group at which

 time a check will be made to the student **and institution**.

4. Completed application packets must be submitted to Clore Insurance Group no later than the end of the day on **April 6th**.

**APPLICATION PACKETS INCLUDE:**

[ ]  Official high school transcript

[ ]  SAT score verified on transcript

[ ]  Completed scholarship application

[ ]  Personal statement up to 500 words reflecting how the applicant has reflected “Above all in service”

 qualities towards his/her school, peers, community and/or family.

[ ]  Special Circumstances Statement (if applicable)

[ ]  One letter of recommendation from a non-family member who can attest to the service(s) indicated

 on the applicant’s personal statement. The letter should clearly identify the author’s name,

 contact information including address and phone number, and define the nature of the relationship

 between the author and applicant. (no family members please)

**“ABOVE ALL IN SERVICE” SCHOLARSHIP APPLICATION**

(Clearly print all answers in ink. Do not type. Illegible applications will not be considered)

**STUDENT PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father living? \_\_\_\_\_\_\_\_\_\_ Mother Living? \_\_\_\_\_\_\_\_\_\_ Parents Divorced? \_\_\_\_\_\_\_\_\_\_\_\_

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and ages of siblings and/or step-siblings living at home with you or from your home and currently enrolled in a post-secondary educational program:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested for any reason? if so, list date(s) and brief explanations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT ACADEMIC / SCHOOL INFORMATION**

GPA/Scale: \_\_\_\_\_/\_\_\_\_\_ Class Rank/Total Students in Class: \_\_\_\_\_/\_\_\_\_\_ SAT Score: \_\_\_\_\_\_\_\_\_\_

List all extra-curricular participation including athletics, clubs, student government, etc and any special positions of leadership within those groups:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List all academic and non-academic honors and awards you have received.

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Have you been the subject of formal disciplinary action by the school or any other organization and if so list dates and brief explanation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT**

List any work experience you have gained while in high school including name of employer, name of supervisor, dates of employment, hours worked per week while employed and reason for leaving:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Supervisor from - to hrs / wk reason for leaving

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employer Supervisor from - to hrs / wk reason for leaving

**FINANCIAL AID**

Please list all other grants and scholarships for which you have applied, the amount of the award and whether you have been confirmed as a recipient (attach extra sheet if needed).

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**POST-SECONDARY EDUCATION PROFILE**

List accredited institutions to which you will make or have made application, the annual tuition, room & board and book expense associated with each school and indicate if you have already been accepted.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will be your post-secondary major area of study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your opinion your financial need is: GREAT MODERATE LOW

**SPECIAL CIRCUMSTANCES STATEMENT**

If you feel your academic achievements have been negatively affected by extraordinary circumstances outside of your control, please briefly explain the situation. If you feel circumstances outside your control have produced an extraordinary financial burden upon you and/or your family as it relates to post-secondary educational expense, please explain those circumstances here also. Some examples of special circumstances that may contribute to these areas may be, but are not limited to; death, disability, injury or serious illness of the student or close family member, job loss of a family member, house fire, or traumatic event.

My special circumstance(s) is./are: \_\_\_\_ Academic \_\_\_\_\_ Financial \_\_\_\_\_ Both

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Please submit completed packet application by end of the day April 6th, 2018 in one of three ways:

1. Mail to Clore Insurance Group: **1845 S. US Highway 231, Crawfordsville, IN 47933**
2. Drop off completed packet to your local CIG office.
3. Email completed application packet to Office Manager, Kylee Randle.

[kylee@cloreinsurance.com]