

CALIFORNIA ADMINISTRATION INSURANCE SERVICES, INCORPORATED
IS PROUD TO SPONSOR A
CHILDREN'S SCHOLARSHIP PROGRAM
FOR MEMBERS OF:

THE CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS

By completing the information required in this application, you will enable our independent committee to determine your eligibility to receive funds provided to help students attain higher education.

You must complete your sections of this application and forward it to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school counselor or teacher.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. Our committee reserves the right to process only those applications found to be complete as of the application **postmark deadline of April 1, 2010.**

Remember: This application becomes valid only when the following have been submitted:

- (1) **Completed Student Application**
- (2) **Transcript of Grades**
- (3) **Step-children (birth certificate and marriage certificate of maternal parent to Plan member).**

To be eligible to apply for these scholarships, you must:

- (1) be a child of a **California Association of Professional Firefighter (CAPF) member who has a minimum of one-year membership** with the association as of the application deadline, or a retired CAPF member who is currently a member of the NPFBA Long Term Care program.
 - (a) **Step-children (birth certificate and marriage certificate of maternal parent to Plan member).**
- (2) be a high school senior who is planning to enroll or a college sophomore or junior who is enrolled or planning to enroll in a full-time course of study at an accredited two- or four- year college, university, or vocational-technical school, and
- (3) have a minimum of 3.0 grade point average on a 4.0 scale

STUDENT'S SCHOLARSHIP PROGRAM

CALIFORNIA ADMINISTRATION INSURANCE SERVICES, INC.
California Association of Professional Firefighters (CAPF)

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. _____
Ms. _____
Name (last) (first) (middle initial) (Social Security Number)

Permanent Address (street) (city)

(state) (zip) () (telephone number)

Date of Birth (month, day, year) _____

Name of parent/guardian _____

Department Name _____

Permanent mailing address of parent/guardian if different from applicant same as applicant

(street) (city)

(state) (zip) () (telephone number)

SCHOOL DATA

High School or College Attended _____ Graduation Date: Mo ____ Yr ____

Address _____
(street) (city)

(state) (zip) () (telephone number)

Name of High School Principal (N/A if in college) _____

Name of post-secondary school for which your scholarship is requested _____

4 yr College/University Vo-Tech
Community College Other _____

Address _____
(street) (city)

(state) (zip)

Major field of study you plan to pursue _____

Check here if you will be entering your junior or senior year in college.

PERSONAL DATA

Describe your work experience during the past 4 years. Indicate dates of employment in each job, and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week	Hourly Rate

List all school activities in which you have participated during the past 4 years (e.g. clubs, church work, volunteer work). Indicate all special awards, honors.

Activity	No. of Years Partic	Special Awards, Honors	Activity	No. of Years Partic	Special Awards, Honors

Make a personal statement of your plans as they relate to your educational and career objectives and future goals.

Please report any unusual family or personal circumstances you feel warrant attention.

OTHER AWARDS

Please list below the names and amount(s) of all grants or scholarships that you have been awarded for the coming school years.

Name of Award	Amount	Granted	Pending

APPLICANT APPRAISAL (required)

To be filled out by a high school or college counselor or advisor, an instructor, professional person, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return this form to applicant or make arrangements to mail form prior to deadline date.

The applicant's choice of a post-secondary education is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate
	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate

The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> moderately well
	<input type="checkbox"/> very well	<input type="checkbox"/> not well

The applicant's ability to set realistic attainable goals	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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I know the applicant	<input type="checkbox"/> extremely well	<input type="checkbox"/> moderately well
	<input type="checkbox"/> very well	<input type="checkbox"/> not well

Comments _____

Appraiser's Signature	Date	Title	() Telephone Number
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Appraiser's Business and Address	(street)	
(city)	(state)	(zip code)

TRANSCRIPT INFORMATION

Students must include a high school or college transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks _____ in a class of _____ Cumulative grade point average _____/4.0 scale

School Official's Signature	Date	Title	() Telephone Number
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School Address	(street)	(city)	(state)	(zip code)
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APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following materials (Two first class stamps are required for mailing):

- Student Application
- Transcript of High School or College Grades
- Postmark by April 1, 2010

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in disqualification.

Applicant's Signature _____ Date _____

Return completed application postmarked by **April 1, 2010** to:

CALIFORNIA ADMINISTRATION INS. SERVICES, INC.
Scholarship Committee
1100 E. Hamilton Ave., Ste 2
Campbell, CA 95008