



Insurance Scholarship Foundation, Inc.

## New York Insurance Scholars

***Be part of an exciting profession that is constantly evolving yet offers stable careers to talented individuals!***

The New York Insurance Scholars program recognizes exemplary individuals who embody the qualities necessary to excel in the insurance industry. Scholars are eligible to receive a total award of up to \$10,000 to be paid in equal installments for the duration of their undergraduate or graduate studies for a maximum of two years. Scholars will have access to mentoring opportunities with seasoned professionals, career and internship resources and visibility within the community of insurance industry leaders.

Scholarships can be used by the scholar to offset the costs associated with pursuing their degree. A cumulative 3.0 GPA **must** be maintained.

### APPLICATION PROCESS

1. Complete the **attached scholarship application**. Be sure to complete both pages. Fill out all relevant information. *If the information does not pertain to you please indicate that it is not applicable.*
2. Submit with your application an **essay** (approximately 500 words), **one letter of reference** and a copy of **your official transcript**. The essay should address why you are interested in pursuing a career in the insurance industry and how your current studies will assist you in this endeavor.
3. Send all materials to the New York Insurance Scholarship Foundation, Inc. c/o New York Insurance Association, Inc., 130 Washington Avenue, Albany, New York 12210 or by email to Susan Dawes at [sdawes@nyia.org](mailto:sdawes@nyia.org) by **Wednesday, April 15, 2026**.

### SELECTION CRITERIA

1. A person matriculated in an accredited college or university in the United States that is authorized to confer degrees as a candidate for a baccalaureate or graduate degree.
2. Scholastic standing (minimum of 3.0 GPA).
3. Desire to work in the insurance industry.
4. Community involvement/volunteer work.
5. Not receiving or eligible for full reimbursement for the expenses of tuition, board, books, etc. from another source.



**Contact Information** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School E-mail: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

**Academic & Related Information** \_\_\_\_\_

Current Class Standing:  Incoming Freshman  Freshman  Sophomore  Junior  Senior  Graduate \_\_\_\_\_ /  
Year of  
Study/Degree  
Duration

School Currently Attending: \_\_\_\_\_

School Planning to Attend: \_\_\_\_\_

*Applicable to high school and transfer students.*

Major Field of Study: \_\_\_\_\_

Minor Field of Study: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**Formal Education:**

High School: \_\_\_\_\_ City/State Located: \_\_\_\_\_ Year: \_\_\_\_\_

College/University: \_\_\_\_\_ City/State Located: \_\_\_\_\_ Year: \_\_\_\_\_

Other: \_\_\_\_\_ City/State Located: \_\_\_\_\_ Year: \_\_\_\_\_

**Academic Record:**

High School GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale.

Undergraduate GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale.

Graduate GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale.

**Community Service & Other Activities:** \_\_\_\_\_

*Indicate activity, years of participation, hours per week, and leadership position held.*  
\_\_\_\_\_

*Attach a separate sheet if necessary.*  
\_\_\_\_\_

**Scholarships:**

List the name, date, amount and source of each scholarship you have been awarded.

Attach a separate sheet if necessary.

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**Honors:**

Please be sure to provide a detailed response.

Attach a separate sheet if necessary.

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**Work Experience:**

Indicate employer, position held/work performed, dates employed and hours worked per week for each entry.

Attach a separate sheet if necessary.

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**Insurance-Related Coursework:**

List courses completed or currently enrolled in. Include date of completion.

Attach a separate sheet if necessary.

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**Acknowledgement** \_\_\_\_\_

I affirm that the information provided as part of this application is true to the best of my knowledge. I affirm that I am not receiving or eligible for full reimbursement of college expenses, including tuition, board, books, etc. from an outside source and give permission to the New York Insurance Scholarship Foundation (NYISF) to verify my eligibility based on any of the selection criteria. I understand that the information in my application will be shared with individuals responsible for evaluating scholarship applications and on a limited basis as it pertains to benefits I may receive as an applicant. I understand that limited information (name, address, phone number and email address) will be shared with NYISF contributors. Information pertaining to my scholarship application will not be shared with individuals not listed above. If I am awarded a scholarship, I give permission to the NYISF to publish my name as a scholar recipient in their publications and on their website as well as publicize my award to the media, unless I notify the foundation otherwise within 14 days of receiving notification of being awarded a scholarship.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Reference

Applicant Portion \_\_\_\_\_

The New York Insurance Scholarship Foundation requires one letter of reference from each applicant. A reference should be from individual who has interacted with you in an academic or professional setting. When selecting a reference, please keep in mind that this individual needs to have first hand knowledge of your work ethic, personal integrity, skills and knowledge base. A reference should also be able to address your interest and qualifications related to a career in insurance. Please fill in your name and school below, provide a copy of this form to your reference and have the reference fill out the remainder of the form.

Name: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Reference Portion \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Affiliation with Applicant: \_\_\_\_\_

**Please attach a letter detailing your first hand knowledge of the applicant's work ethic, personal integrity, skills and knowledge base. Please also address the applicant's interest and qualifications related to a career in insurance.**

*I affirm that the information provided above and in my reference letter is true to the best of my knowledge. I understand that the information I have indicated on this form and in my letter will be shared with the individuals responsible for evaluating scholarship applications.*

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form and letter of reference to the applicant for inclusion in their application materials.**