

ASSURED LIFE ASSOCIATION

2024 NATIONAL SCHOLARSHIP APPLICATION

Submit by June 15, 2024

Return Completed Applications To:
Assured Life Association
Scholarship Committee
6025 S Quebec St, Suite 320
Centennial, CO 80111

Applicant Information:

Full Name: _____

Address: _____

City/State/Zip: _____

PLEASE USE PERMANENT ADDRESS

Telephone Number: (____) _____

E-mail: _____

Certificate Information:

Certificate Number

Name of Certificate-holder & relationship

Education Information:

I am presently a:

High School Senior: _____

College Junior: _____

College Freshman: _____

College Senior: _____

College Sophomore: _____

Graduate Student: _____

Name of Current Institution: _____

Institution's Address: _____

City/State/Zip: _____

My current cumulative GPA is: _____ Expected Graduation Date: _____

___ Yes you may, or ___ No you may not use my photo for publication in Society magazine or on the Society Website.

Check List for Requirements to be attached to this application:

(Check the appropriate items completed/enclosed - Remember: Incomplete applications will not be considered)

Certificate Number completed: _____

Certificateholder Name completed: _____

Official High School or College Transcript *Enclosed*: _____

or: Under separate cover from school: _____

(Applicant's responsibility to follow-up)

List of extracurricular activities, awards and goals: _____

Essay (250 – 500 words): _____

Photograph (digital or emailed photos preferred): _____ (Not required if you do not want photo published)

Date

Signature of Applicant