

CONNIE KERKMAN MEMORIAL SCHOLARSHIP

Sponsored by Insurance Associates of Cedar Rapids, Inc.

Deadline April 15th

Date of Application

Applicant Name		Date of Birth	E-Mail Address	
Address			Phone Number	Marital Status
Parent's Name		Parent's Address (if different than applicant)		
Father's Occupation and Income _ 0-25,000 _ 25,001-35,000 _ 35,001-50,000 _ 50,001-65,000 _ 65,001-above		Mother's Occupation and Income _ 0-25,000 _ 25,001-35,000 _ 35,001-50,000 _ 50,001-65,000 _ 65,001-above		No. of Siblings or Children Living at home
Name of School and Address		Counselor's Name		
Approximate Grade Point Average		List ranking and class size		
Most Enjoyable Subjects		Hobbies		
School clubs, activities and awards		Out of School Activities		
Present Career Plans		Planned area of Major		
Where have you applied for admission?		Where have you been accepted?		
How much financial help do you need? _ _ _ All		Do you plan to work while attending school?		
What other scholarships have you received?				
How much were the scholarships?				
How important would this scholarship be toward your future plans?				
References (no family)				
Name/Relationship	Address		Phone	
Name/Relationship	Address		Phone	
Name/Relationship	Address		Phone	

Mail the following documents to "Insurance Associates of Cedar Rapids, Inc."

- Fully completed Connie Kerkman Memorial Scholarship.
- Copy of your current transcript or high school transcript.
- The above documents **plus cover letter** need to be **mailed by April 15th** to:

Insurance Associates of Cedar Rapids, Inc.
 c/o Scholarship Committee
 P.O. Box 10401
 Cedar Rapids, IA 52410-0401