

ALL AMERICAN SCHOLAR AWARD APPLICATION

Please type or print all information. Must be received by **March 1**.

Student must be a Catholic Life Insurance Member.

Certificate #: _____

Please print clearly or type

GENERAL INFORMATION

Name _____ SS # (last 4 digits) _____ DOB _____

Mother's Name _____ Father's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email* _____

Local Newspaper(s) _____

* This is our primary form of communication with applicants. Please provide an e-mail address that you check frequently (you may use your parent's email address), as you will receive important notifications from us regarding your application status via e-mail. We do not share this information or send spam.

COLLEGE/UNIVERSITY/TRADE SCHOOL INFORMATION

Intended School for Fall Semester _____

Mailing Address _____

City _____ State _____ Zip _____

(If you are applying for more than one school, please indicate your top choice above.)

HIGH SCHOOL INFORMATION

School Name _____

Street Address _____

City _____ State _____ Zip _____

Graduation Date _____ Class Rank _____

Class Size _____ Cumulative GPA (4.0 scale) _____

SIGNATURES

I hereby apply for a Catholic Life All American Scholar Award and acknowledge that I am a member in good standing. I attest that all of the information above is true and complete to the best of my knowledge.

Student's Signature _____ Student's Email _____ Date _____

Parent's Signature _____ Parent's Email _____ Date _____

(See back of page for additional information.)

COMMUNITY SERVICE

On a separate sheet of paper (typed & double spaced), list volunteer hours for service activities. Include name of organization, activity or event, dates of participation, and total hours worked.

EXTRACURRICULAR/OUTSIDE ACTIVITIES/EMPLOYMENT

On a separate sheet of paper (typed & double spaced), list organizations/activities in which you participated during your high school years. Examples could include student government, school newspaper, athletics or band. Include leadership positions. Also list all employers, job/type of work and average number of hours worked per week.

ADDITIONAL REQUIREMENTS

1. You will need one letter of recommendation. Ask your recommender to give the letter to you in a sealed envelope with his or her signature written across the seal. You are responsible for submitting the sealed recommendation with your application. Please ask that a daytime phone number be included in or with the letter.
2. Submit a 250 word or less essay (typed & double spaced) describing the volunteer experience you found to be the most meaningful. Explain why you chose this particular experience for your topic. What did you learn about yourself and about others? How has this experience changed you? Has it changed how you interact with others? How has it changed your community for the better? Print your name and the last 4 digits of your Social Security Number at the top of each page.
3. Include an official high school transcript.
4. Include a professional looking head shot photo (Senior photos are ideal). **Photos printed on copy paper and/or from your home printer are not acceptable.** Digital files such as jpeg, tif, or png, are acceptable, and must be at least 2x2 inches and 300 dpi. All materials become property of Catholic Life Insurance. If e-mailing photos, send to branch@cliu.com.

Please do not use staples to attach application materials.

MAILING INFORMATION

TRADITIONAL MAIL:

Catholic Life Insurance
Attn: All American Scholar Award
P.O. Box 659527
San Antonio, Texas 78265-9527

OVERNIGHT DELIVERY:

Catholic Life Insurance
Attn: All American Scholar Award
1635 NE Loop 410, Suite 100
San Antonio, Texas 78209-1694

Completed applications must be received by March 1.

No exceptions will be made.

For information call: (210) 828-9921 or email: branch@cliu.com