



*We insure peace of mind.*

**PLEASE TYPE OR PRINT**

Attach additional sheets if necessary.

**Application must be postmarked by March 1**

**APPLICATION FOR D. ARLO MCNARY LIVING MEMORIAL SCHOLARSHIP PROGRAM**

**FOR LIVING MEMORIAL SCHOLARSHIP USE ONLY**

**STUDENT  
PERSONAL  
DATA**

Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Nickname you are known by \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Permanent Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
 Address City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYEE  
DATA  
(PARENT OR  
GUARDIAN)**

Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Branch Office \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Job Title \_\_\_\_\_  
 Hire date \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 The applicant is  or is not  a dependent of the above named employee.

**HIGH  
SCHOOL  
DATA**

School Name \_\_\_\_\_ Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone \_\_\_\_\_ Principal \_\_\_\_\_

**POST-  
SECONDARY  
SCHOOL  
DATA**

Have you been accepted by a college, university or vo-tech school?  
 If so, please complete No. 1 below. If not, please rank the schools you have applied to:  
 1. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 2. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 3. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Vo-Tech School ? 4 Year College/University ? 2 Year Community/Junior College ?  
 Other  Explain \_\_\_\_\_ If enrolling in a 2-year college, do you intend  
 to ultimately pursue a 4-year degree?  Yes  No

**WORK  
HISTORY**

Complete this section to detail your work experience during the past four years. Feel free to  
 attach references from your supervisor(s) if you wish.

Company Name	Position(s) Held	Dates From M/Y to M/Y	Average Hours Per Week During School Year	Supervisor's Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**GOALS AND PLANS**

Please describe your career goals and objectives and explain how you feel your post secondary education will enable you to achieve them.

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**SCHOOL AND COMMUNITY INVOLVEMENT**

List all of the school and community activities and awards that you have participated in and/or received during the past four years. Be specific including dates, offices held, special recognition, etc.

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**ESSAY**

Attach a one page typed essay regarding the importance of the insurance industry and its contribution to society.

**EVALUATION BY SCHOOL OFFICIAL (MANDATORY)**

A school counselor, principal or advisor must answer the following questions regarding the student's history and potential. Said school official may photocopy this section, complete it and give it to the student in a sealed envelope or, respond on the original form and return it to the student.

Strongly Agree    Somewhat Agree    Not Sure    Disagree

The student has chosen an appropriate course of post secondary study.

The student consistently applies him/herself to the level of his/her potential.

The student cares about his/her family, school and community and shows an appropriate level of involvement.

The applicant shows maturity and good judgment in goal setting and attainment efforts.

The applicant is resourceful and innovative, and displays good utilization of available resources.

Additional Comments:

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Evaluator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**SCHOOL  
TRANSCRIPT  
DATA  
(MANDATORY)**

Students currently enrolled in a post-secondary course of study must include all related (college community college or vo-tech) transcripts. Such applicants are not required to provide a high school transcript or complete the following section.

High school students and students with less than one year of post-secondary education must include a high school transcript and have a school official (Principal, Guidance Counselor or Advisor) complete the following section.

Rank in class \_\_\_\_\_ of \_\_\_\_\_ total students                      Cumulative GPA \_\_\_\_/4.0 Scale

ACT Math \_\_\_\_\_                      ACT English \_\_\_\_\_                      ACT Composite \_\_\_\_\_

SAT Math \_\_\_\_\_                      SAT Verbal \_\_\_\_\_                      SAT Selection Index \_\_\_\_\_

Official's Signature \_\_\_\_\_                      Date \_\_\_\_\_

Title: \_\_\_\_\_                      Work Pone: \_\_\_\_\_

**FINAL  
INSTRUCTIONS**

Before mailing, please double-check the application form to verify that all questions have been answered completely, all official signatures are present, and transcripts and any other attachments have been enclosed. Mail the completed application package to:



**COLUMBIA INSURANCE GROUP  
D. ARLO MCNARY MEMORIAL SCHOLARSHIP PROGRAM  
C/O LIVING MEMORIAL SCHOLARSHIP PROGRAM  
PO BOX 100  
HUNTSVILLE, MO 65259**

**Applications must be postmarked no later than March 1.**

NOTE: LMS, Inc. has sole responsibility for selecting scholarship recipients. No Columbia Insurance Group officer or employee is involved in the selection decision. All applications become the property of LMS, Inc.

**APPLICANT  
ACKNOWLEDGEMENT**

I hereby attest that the responses given in this application are true and complete to the best of my knowledge. I understand that any false information will jeopardize my eligibility for, and/or continuance of, a Columbia Insurance Group Scholarship.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Columbia Insurance Group, Inc./Living Memorial Scholarship, Inc. does not discriminate on the basis of race, creed, color, sex, marital status, national origin, disability, religion or financial need.