



# Special Announcement

## Children's Scholarship Program 2012

Dear Plan Participant:

We are again very pleased to announce a special **Children's Scholarship Program** that will be donated by our Long Term Disability Plan Administrators, California Administration Insurance Services, Inc.

**Four scholarships will be given in two categories,  
3 in Category One, and 1 in Category Two.**

### **CATEGORY ONE**

Applicants must be **high school seniors** who are enrolled or planning to enroll in a full-time course of study at an accredited two or four year college, university, or vocational-technical school. Applicants must also have a 3.0 grade point average on a 4.0 scale. (Three scholarships will be awarded.)

### **CATEGORY TWO**

Applicants must be **sophomores or juniors in college** enrolled in a full-time course of study at an accredited college, university or vocational-technical school. Applicants must have maintained a 3.0 grade point average during the first two years of college on a 4.0 scale. (One scholarship will be awarded.) Previous recipients are not eligible and need not apply.

*Applicants must be the child of a CAPF Plan Participant who has been a Plan Participant for a minimum of one year prior to April 2, 2012 or a retired CAPF Plan Participant who is currently a Plan Participant in the NPFBA Long Term Care program.*

**Scholarship distribution will consist of \$2,000 - four awards of \$500 each.**

The application may be downloaded by going to California Association of Professional Firefighter's website [CAPF.org](http://CAPF.org) or a hard copy may be requested by calling California Administration Insurance Services, Inc., toll-free at (800) 832-7333 ext. 6102. The application must be completed and **postmarked by April 2, 2012.**

*This is a valuable opportunity to provide your children with scholarship money in order to help them attain their higher education goals! Act now.*

*Available only to the children of Plan Participants in the  
CALIFORNIA ASSOCIATION OF PROFESSIONAL FIREFIGHTERS*



# Children's Scholarship Program 2012

## Instructions & Requirements

### California Administration Insurance Services, Inc. Is Proud To Sponsor A Children's Scholarship Program

#### **For Plan Participants of: The California Association of Professional Firefighters**

By completing the information required in this application, you will enable our independent committee to determine your eligibility to receive funds provided to help students attain higher education.

You must complete your sections of this application and forward it to the person you have selected to complete the appraisal (page 3). You are encouraged to select a school counselor or teacher.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. Our committee reserves the right to process only those applications found to be complete as of the application postmark deadline of April 2, 2012.

#### **Remember, this application becomes valid only when the following have been submitted:**

- Completed Student Application
- Transcript of Grades
- Step-children (birth certificate and marriage certificate of parent to Plan Participant).

#### **To be eligible to apply for these scholarships, you must:**

- Be a child or step-child of a California Association of Professional Firefighter (CAPF) Plan Participant who has a minimum of one-year participation with the association as of the application deadline, or a retired CAPF Plan Participant who is currently a Plan Participant of the NPFBA Long Term Care program.
  - Step-children — Please include a birth certificate and marriage certificate of parent to Plan Participant.
- Be a high school senior who is planning to enroll or a college sophomore or junior who is enrolled or planning to enroll in a full-time course of study at an accredited two- or four- year college, university, or vocational-technical school.
- Have a minimum of 3.0 grade point average on a 4.0 scale.

**Postmark Deadline: April 2, 2012**

**Children's Scholarship Program**  
**California Administration Insurance Services, Inc.**  
California Association of Professional Firefighters (CAPF)

APPLICANT DATA

Mr.  \_\_\_\_\_  
Ms.  Name (last) (first) (middle initial) (Social Security Number)

Permanent Address (street) (city)

(state) (zip) ( ) (telephone number)

Date of Birth (month, day, year)

Name of parent/guardian \_\_\_\_\_

Department Name \_\_\_\_\_

Permanent mailing address of parent/guardian if different from applicant  same as applicant

(street) (city)

(state) (zip) ( ) (telephone number)

SCHOOL DATA

High School or College Attended \_\_\_\_\_ Graduation Date: Mo \_\_\_\_\_ Yr \_\_\_\_\_

Address (street) (city)

(state) (zip) ( ) (telephone number)

Name of High School Principal (N/A if in college) \_\_\_\_\_

Name of post-secondary school for which your scholarship is requested \_\_\_\_\_

4 yr College/University  Vo-Tech  \_\_\_\_\_  
Community College  Other  \_\_\_\_\_

Address (street) (city)

(state) (zip)

Major field of study you plan to pursue \_\_\_\_\_

Check here if you will be entering your junior or senior year in college.

PERSONAL DATA

Describe your work experience during the past 4 years. Indicate dates of employment in each job, and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week	Hourly Rate

List all school activities in which you have participated during the past 4 years (e.g. clubs, church work, volunteer work). Indicate all special awards, honors.

Activity	No. of Years Partic	Special Awards, Honors	Activity	No. of Years Partic	Special Awards, Honors

Make a personal statement of your plans as they relate to your educational and career objectives and future goals.

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Please report any unusual family or personal circumstances you feel warrant attention.

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OTHER AWARDS

Please list below the names and amount(s) of all grants or scholarships that you have been awarded for the coming school years.

Name of Award	Amount	Granted	Pending

APPLICANT APPRAISAL (required)

To be filled out by a high school or college counselor or advisor, an instructor, professional person, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return this form to applicant or make arrangements to mail form prior to deadline date.

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The applicant's choice of a post-secondary education is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate
	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate

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The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> moderately well
	<input type="checkbox"/> very well	<input type="checkbox"/> not well

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The applicant's ability to set realistic attainable goals	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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I know the applicant	<input type="checkbox"/> extremely well	<input type="checkbox"/> moderately well
	<input type="checkbox"/> very well	<input type="checkbox"/> not well

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Appraiser's Signature	Date	Title	( ) Telephone Number
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Appraiser's Business and Address	(street)	
(city)	(state)	(zip code)

TRANSCRIPT INFORMATION

Students must include a high school or college transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_ /4.0 scale

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School Official's Signature	Date	Title	( ) Telephone Number
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School Address	(street)	(city)	(state)	(zip code)
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APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following materials (Two first class stamps are required for mailing):

- Student Application
- Transcript of High School or College Grades
- Postmark by April 1, 2011

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in disqualification.

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

Return completed application postmarked by **April 2, 2012** to:

CALIFORNIA ADMINISTRATION INS. SERVICES, INC.  
Scholarship Committee  
1100 E. Hamilton Ave., Ste 2  
Campbell, CA 95008