

PIA of Minnesota SCHOLARSHIP APPLICATION 2020

(Please print or type)		
Name	Phone	
Street Address		
City/State/Zip	Date of Birth:	
Parent's Name(s)		
MN High School or Post-Secondary School Currently A	attending:	
GPAC	ertified Copy of transcript attached?	Yes No
What Post-Secondary School do you plan to attend / are	you attending?	
Field of Study	Have you been accepted by this School	ol? Yes No
If not, please indicate reason:		
Are you planning to pursue a career in insurance?	Yes No	
ESSAY: On a separate sheet of paper (one page or less) your answer essay style: 1. What two words best describe you and why 2. What are your three top priority goals toda; 3. What do you want to be doing six years fro 4. Why do you believe you should receive a F	y? y? om now?	provide
Sponsoring PIA Agency & Phone:		
Sponsor Name	Relationship to Applicant	
Please read carefully before signing: Iam applyingfor th and understand the application criteria. I hereby certify application is true and accurate to the best of my knowl information provided by me."	that all of the information provided by me o	on this
Applicant Signature	Date:	
Parent Signature	Date:	

Mail to: PIA of MN Scholarship Committee, 8646 Eagle Creek Circle, Suite 202, Savage, MN 55378 Application must be postmarked by April 13, 2020 to qualify.