

Scholarship Program

Part I

THE JCA BILL TILTON SCHOLARSHIP AWARD PROGRAM

Each year The Jacksonville Claim Association awards scholarships of up to \$500 each to students currently enrolled in an accredited institution and meets the qualification criteria. The Scholarship Committee reviews all applications for accuracy and completeness and then recommends the qualified applicants to the Board of Directors. The Board of Directors selects those qualified to receive the award. When a large number of applicants are submitted, the Board will chose the most qualified.

Members and their families are encouraged to apply although membership is open to all who meet the criteria. Applicants are cautioned to follow the criteria as only those applicants who fully comply will be considered.

SCHOLARSHIP CRITERIA

- Applicant must be a resident of the Jacksonville Standard Metropolitan Statistical Area as defined by the Florida Statistical Abstract (Duval and surrounding counties). Proof of residency must be submitted with application.
- Applicant must be enrolled in an accredited college at least part-time (part-time = minimum of 6 credit hours per semester)
- Applicant must have a minimum of 3.0 cumulative grade point average (GPA).
- Applicant must major in Business; an emphasis on insurance is helpful.
- Transcripts must be submitted to show current enrollment, course(s) and grade average.
- Application, proof of residency and transcripts (the application package) must be mailed in time to be received by the Scholarship Committee no later than November 30th. The Scholarship Committee, the Board of Directors and the Jacksonville Claims Association accept no liability for omissions or late submissions.
- Application package must be submitted only via U.S. Mail to the JCA Mailbox, and will be not considered if hand delivered or submitted via electronic delivery.
- Applications must be submitted to: SCHOLARSHIP COMMITTEE
JACKSONVILLE CLAIMS ASSOCIATION
P. O. BOX 17311
JACKSONVILLE, FL 32245-7311

Part II

OFFICIAL SCHOLARSHIP APPLICATION FORM

Please Print • All spaces must be completed

Proof of residency required, example: copy of driver's license, utility bill, student ID

APPLICANT'S FULL NAME _____

STREET ADDRESS _____

CITY STATE & ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

DATE OF BIRTH (MO/DY/YR) _____

Must provide transcripts showing enrolled at time of application

ACCREDITED COLLEGE OR SCHOOL _____

STREET ADDRESS _____

CITY STATE & ZIP _____

List all subjects currently enrolled in – use another sheet if necessary

SUBJECTS _____

Must provide grade transcripts revealing a GPA of 3.0 or higher

GPA _____

ARE YOU EMPLOYED FULL OR PART TIME? _____

EMPLOYER _____

NUMBER OF HOURS PER WEEK _____

STREET ADDRESS _____

CITY STATE & ZIP _____

HIGH SCHOOL _____

CITY STATE _____

YEAR GRADUATED _____