

Prodigy Academic Scholarship Program

Candidate Qualifications and Application Requirements

Overview:

Prodigy Health Insurance's Academic Scholarship Program seeks to support students in their education and life goals. We strive to support students who have strong academic values yet may have had to endure less than ideal circumstances in life. While the application evaluation includes an academic component, the selection process takes into consideration all aspects of the student's life.

The Academic Scholarship is available to students enrolled full-time in a Community College or Professional Trade School leading to a professional credential, certificate or continuation on to a four-year college or university. The scholarship will be renewed for a second year of a Community College provided the student continues their course of full-time study and provides documentation confirming satisfactory completion of the first year of study. For professional or trade schools, we request an outline (brochure) from the school identifying the course structure and completion requirements. The determination of satisfactory completion of study is at the sole discretion of the Academic Scholarship Committee.

Application:

The Academic Scholarship Application can be requested from Prodigy Health Insurance through our website (prodigystoploss.com/about). Completed applications must be submitted on or before July 1st of the first semester if a Community College or 60 days prior to start date in a professional trade school for the Fall semester or by November 1st for the Winter semester.

Applications will not be considered complete unless all required documentation is submitted at the same time. Submitting an incomplete application will not result in "reserving a scholarship" for the student.

Applications received after July 1st for Fall semester, November 1st for Winter semester or within 60 days of start date will not be considered unless the Scholarship Program has unassigned funds.

Documentation:

To be considered by the Scholarship Committee the following documentation must accompany the application:

- Acceptance letter from Community College (including class schedule) or Professional Trade School verification of full-time enrollment with start date.
- High School last report card (provided it reflects cumulative GPA).
- 2 letters of recommendation from unrelated adults (preferably one from a teacher or guidance counselor)
- Personal letter regarding the student's goals

Scholarship Amounts:

Scholarships are awarded in amounts between \$1,000 and \$2,500 per scholastic year. The scholarship is to be used for tuition, books, and fees. Due to the nature of the educational setting the scholarship does not include room and board expenses.

Committee Approval:

The Committee does not consider race, gender, religious preference or other political values in its selection. Scholarship award is based on circumstances, need, course of study and lifetime goals. The Committee at its sole discretion reserves the right to award a scholarship to a candidate.

SCHOLARSHIP APPLICATION

Applying for
 _____ Fall
 _____ Winter
 20____

Personal Information			
1.	Last Name:	First Name:	
2.	Mailing Address:		
	City:	State	Zip
3.	Daytime Phone #:	Email:	
4.	DOB:	Gender:	
5.	Cumulative GPA: (on a 4.0 scale)	<i>Attach a proof of GPA (report card or transcripts) covering 3 school years</i>	
6.	Name of High School attending:		
7.	A. List any academic honors, awards and membership activities while in high school: (Use separate sheet if necessary)		
	B. List your hobbies, outside interests, extracurricular activities and school-related volunteer activities: (Use separate sheet if necessary)		
	C. List your non-school sponsored volunteer activities in the community: (Use separate sheet if necessary)		
	D. List your work activities: (Use separate sheet if necessary)		
8.	Community College or Professional Technical School to be attended:		
9.	Have you been accepted to post high school study yet? Add acceptance documentation.		
10.	Field of Study:		

STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient that my picture may be taken and used to promote the Prodigy Academic Scholarship Program (recipient may waive photo due to unusual or compelling circumstances).

I hereby understand that if chosen as a scholarship recipient, according to Prodigy Academic Scholarship Program policy, it is my responsibility to remit the appropriate information for my scholarship to be paid directly to me for the approved semester and each subsequent semester for up to 2 years.

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Applicant Signature

Date (MM/DD/YY)

Please email application to scholarship@prodigystoploss.com or mail to:
Prodigy Academic Scholarship Program
P.O. Box 997
Freeland, WA 98249

For Prodigy Academic Scholarship Committee use only:

Checklist:

- | | |
|--|--|
| <input type="checkbox"/> Application and Statement of Accuracy | <input type="checkbox"/> School Report Card/transcript reflecting cumulative GPA |
| <input type="checkbox"/> 1 Letters of Recommendation (1 teacher/counselor and 1 non-related adult) | |