

# 2024 IIABSC FOUNDATION SCHOLARSHIP APPLICATION



INDEPENDENT INSURANCE AGENTS & BROKERS OF  
**SOUTH CAROLINA**  
FOUNDATION

## ELIGIBILITY

To be eligible for an IIABSC Foundation Member Scholarship students must:

- Be a South Carolina resident
- Have a parent who lives in South Carolina and works for an IIABSC member agency
- Be a full-time student at a four-year college during the fall semester of 2024
- Be active in his or her school and community, demonstrate a solid work ethic and possess strong leadership abilities, good teamwork and a desire to succeed
- Submit a personal essay - "How would this scholarship help you?" (250 words or less)
- Letter of recommendation from a teacher, dean or professor

**Entry must be received in our office by: January 17, 2024**

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Salutation: \_\_\_\_\_

Gender:  Male  Female

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you applied for this scholarship before?  YES  NO

## EDUCATION

Current School Status (*Check one*):

Highschool Senior  College Freshman  College Sophomore  College Junior

Please list the educational institution in which you currently attend.

School Name: \_\_\_\_\_

Location (*City, State*): \_\_\_\_\_

GPA: \_\_\_\_\_ Major: \_\_\_\_\_

For Highschool Seniors: Which college will you attend? \_\_\_\_\_

## SUMMARY OF ACCOMPLISHMENTS

Please list all extracurricular activities (includes but not limited to, student affairs, athletics, arts, business, fraternal, or social clubs), noting leadership positions held:

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Please list awards, honors, and scholarships, with the dates of recognition:

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Please list Community Service Activities, with the dates of participation:

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## MEMBER AFFILIATION/PARENT INFORMATION

Full Name of Parent: \_\_\_\_\_

Agency of Employment: \_\_\_\_\_

*\*Must be an IIABSC Member Agency\**

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Work Phone (Direct): \_\_\_\_\_

Work Email: \_\_\_\_\_

How Long Employed here? \_\_\_\_\_

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Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**PLEASE SUBMIT A PERSONAL ESSAY & RECOMMENDATION LETTER WITH YOUR COMPLETED APPLICATION.**

**EMAIL completed application & supporting documents to: [MHuebner@iiabsc.com](mailto:MHuebner@iiabsc.com)**

Megan Huebner  
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