

***RISK MANAGEMENT & INSURANCE DEPARTMENTAL SCHOLARSHIP  
APPLICATION***

**Name:** \_\_\_\_\_

**Local Mailing Address:** \_\_\_\_\_

**Local Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**FSUSN:** \_\_\_\_\_

**Hometown/County:** \_\_\_\_\_

**Other Major(s)/Minor(s):** \_\_\_\_\_

**Overall GPA:** \_\_\_\_\_ **Major GPA:** \_\_\_\_\_ **Hours Completed in Major:** \_\_\_\_\_

**Have you paid your Gamma Iota Sigma dues for the year?**    ☐ YES            ☐ NO

**RMI Classes Taken/Currently Taking:**

RMI \_\_\_\_\_ Instructor: \_\_\_\_\_ Grade: \_\_\_\_\_

RMI \_\_\_\_\_ Instructor: \_\_\_\_\_ Grade: \_\_\_\_\_

RMI \_\_\_\_\_ Instructor: \_\_\_\_\_ Grade: \_\_\_\_\_

RMI \_\_\_\_\_ Instructor: \_\_\_\_\_ Grade: \_\_\_\_\_

RMI \_\_\_\_\_ Instructor: \_\_\_\_\_ Grade: \_\_\_\_\_

**Expected Semester and Year of Graduation:** \_\_\_\_\_

**Career Objective(s):**

**What made you decide to become an insurance major?**

Applicants please be advised that receipt of this scholarship requires your attendance at the Annual Leadership & Scholarship Dinner. Barring unavoidable circumstances, you will be required to attend the event which is generally held in November.

**Professional Development Activities or Conferences Attended:**

**Significant Honors & Achievements:**

**Other information you believe will be helpful for us to know:**

**List two references (FSU Business Faculty outside of RMI). Actual letter of recommendation optional.**

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**OPTIONAL FINANCIAL INFORMATION PORTION:** Some of the scholarships available to RMI students are based on financial need. *If you would like to be considered for these scholarships, you must complete this section.*

**Have you applied for any need-based scholarships or student loans in the past?** ☐ YES ☐ NO

**Have you applied/do you expect to receive any need-based scholarships or loans next year?** ☐ YES ☐ NO

**Are you currently employed?** ☐ YES ☐ NO **If yes, how many hours per week do you work?** \_\_\_\_\_

**Are you currently receiving Bright Futures?** ☐ YES ☐ NO **If yes, what percent?** \_\_\_\_\_

**What portion of your other educational costs (such as room and board, books, etc.) is currently covered by:**

- |  |                                    |  |                                    |
|--|------------------------------------|--|------------------------------------|
| <b>1. scholarships (excluding Bright Futures)?</b> | <input type="checkbox"/> 0%        | <input type="checkbox"/> less than 50% | <input type="checkbox"/> 50% - 75% |
|  | <input type="checkbox"/> 75% – 95% | <input type="checkbox"/> 95% – 99%     | <input type="checkbox"/> 100%      |
| <b>2. student loans?</b>                           | <input type="checkbox"/> 0%        | <input type="checkbox"/> less than 50% | <input type="checkbox"/> 50% - 75% |
|  | <input type="checkbox"/> 75% – 95% | <input type="checkbox"/> 95% – 99%     | <input type="checkbox"/> 100%      |
| <b>3. wages/salary from employment?</b>            | <input type="checkbox"/> 0%        | <input type="checkbox"/> less than 50% | <input type="checkbox"/> 50% - 75% |
|  | <input type="checkbox"/> 75% – 95% | <input type="checkbox"/> 95% – 99%     | <input type="checkbox"/> 100%      |
| <b>4. other sources (list below)?</b>              | <input type="checkbox"/> 0%        | <input type="checkbox"/> less than 50% | <input type="checkbox"/> 50% - 75% |
| _____  | <input type="checkbox"/> 75% – 95% | <input type="checkbox"/> 95% – 99%     | <input type="checkbox"/> 100%      |

☐ Check if you are willing to provide evidence of financial need if requested by the department and/or donor.

**PLEASE ATTACH A COPY OF YOUR CURRENT RESUME**