“VAMIC L. Gerald Roach Memorial Scholarship”

Application Deadline: Nov 1st
(This $2,000 scholarship is intended for Spring Semester tuition.)

Requirements:
1. Must be a resident of Virginia.
2. Must be enrolled full time in an undergraduate degree program in Insurance, Risk Management or Business Administration.
3. Must be interested in pursuing a career in Insurance, Risk Management or Business Administration upon graduation.

Procedure:
1. Complete the Application.
2. Return the application along with a cover letter before Nov 1st to a VAMIC officer:
   
   President - Chris Shipe
   Loudoun Mutual Insurance Company
   15609 High St.
   Waterford, VA 20197
   chris.shipe@loudounmutual.com
   
   President Elect - Jeff Reeves
   Grayson-Carroll-Wythe Mutual Insurance Co.
   P.O. Box 1070
   Galax, VA 24333
   jreeves@gcwins.com
   
   Secretary-Treasurer Theresa Lewis
   Mutual Assurance Society of Virginia
   4001 Fitzhugh Avenue
   Richmond, VA 23230
   tlewis@mutual-assurance.com
VAMIC L. Gerald Roach Memorial Scholarship Application

Name: 

Permanent Address: 

School Address: 

Home Phone: 

Mobile Phone: 

Email Address: 

Total Hours Completed (all courses): 

Total Hours Completed (Insurance, Risk Management or Business Administration courses): 

Expected Date of Graduation: 

Current Overall GPA: 

Current GPA in major: 

Education
College(S):

Other Education/Training/Designations:
Insurance, Risk Management or Business Administration related courses completed:

Work Experience: (you may attach a separate page or resume)

Extra-Curricular Activities:

Awards & Recognition:

Briefly explain your career plans and desires:
What single major attribute of your personality and/or philosophy do you think best qualifies you for a successful insurance or risk management career?

Why do you feel you should be considered for the VAMIC L. Gerald Roach Memorial Scholarship?

I attest that all information contained on this application is true and presented as accurately as possible.

Name: ____________________________  Date: ____________________________