

ST PAUL TRAVELERS INSURANCE COMPANY

South Carolina Education Achievement Award

(Applicant Information)

Name:

Address:

Telephone:

Social Security #:

Please email all applications to Karin Shore, Awards chairman at kgs@canal-ins.com or

Mail to: Karin Shore
c/o Canal Insurance Company
P O Box 7
Greenville, SC 29602

ST PAUL TRAVELERS INSURANCE COMPANY

South Carolina Education Achievement Award

Applicant # assigned by Awards Chairman _____

1. List insurance related educational courses you have attended and completed in the past 3 years. If you took the exam for the course or if you took the course self-study, list date exam taken.

Course Name:

Sponsoring Assoc. of Company:

Instructor:

Date Attended:

Date Exam Taken:

Exam Passed?

2. List insurance related seminars you have attended in the past 3 years.

Seminar Name:

Sponsoring Assoc. of Company:

Instructor:

Date Attended:

3. List insurance related educational classroom courses you have organized in the past 3 years. This would include being a course coordinator for your association and/or company:

Course Name:

Sponsoring Assoc. of Company:

Date Course held:

4. List insurance related seminars you have organized in the past 3 years. This would not include finding a speaker for monthly association meeting unless it was advertised as a seminar.

Seminar Name:

Sponsoring Assoc. of Company:

Date Attended:

5. List insurance related educational classroom courses you have instructed in the past 3 years.

Course Name:

Sponsoring Assoc. of Company:

Date Course held:

6. List insurance related seminars you have instructed in the past 3 years.

Seminar Name:

Sponsoring Assoc. of Company:

Date Attended:

7. In 100 words or less, explain how you plan to continue your education pursuit if you receive the scholarship. How will this benefit you and how will you benefit others?