

## Mid-Valley Claims Association 2026 Scholarship Form

### Eligibility Requirements

1. Parent must be a member of the Mid-Valley Claims Association and the Virginia State Claims Association for at least two consecutive years prior to submission of application for scholarship.
2. Member must have all dues and any fees incurred through either organization in the above paid in full at the time of the application for scholarship.
3. Applicant must be the son, daughter or legally adopted child of the applicant and the child must live in the member's home with at least joint custody.
4. Member must have attended at least 50% of all Mid-Valley Claims Association meetings within the year prior to the date of application.
5. Member must have participated in at least one of the outside sponsoring events of Mid-Valley Claims Association within the last twelve months. (example: Claims Leadership Conference, Golf tournament, Educational Presentation, etc).
6. Two letters of recommendations from a faculty member of the school or college which the applicant has most recently attended. If applicant has had a 12 month break or longer from formal education; professional recommendations may be submitted in lieu of the aforementioned.
7. A copy of the most recent school or college transcript.
8. A personal letter from the applicant explaining why they should be considered as a recipient of a scholarship. In this letter, there should be mention and/or documentation of the school or college the applicant will attend in the fall of the next school or college year.
9. The application must be complete and received by us at the following address no later than June 17 of the year the application is made: Mid-Valley Claims Association Scholarship Committee, c/o Mary Taylor, P.O. Box 404, New Hope, VA 24469. Any scholarships awarded will be done so on or about September 1st following the evaluation of the applicant.

Mid-Valley Claims Association Member's Name \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Relationship of Applicant to Member \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

Name of School or College Applicant will attend in the fall \_\_\_\_\_

**THE APPLICANT AND THEIR PARENT AGREE, WITHOUT RESERVATION, THAT IN THE EVENT THE STUDENT DOES NOT ATTEND A SCHOOL OR COLLEGE IN THE FALL, THEY WILL REFUND THE SCHOLARSHIP IMMEDIATELY TO MID-VALLEY CLAIMS**

Member Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_