

# Daily Claims

BLUEGRASS CLAIMS  
VOL. 12 ISSUE 2  
FEBRUARY 2022

## President's Letter

Have we had a weekend this year without a winter storm? 2022 has been full of weekend winter events. I think I speak for everyone when I say we are ready for spring! While we wait for spring, I hope that you and your families have been doing well this year and staying safe from all this winter chaos. This year has started a little slow getting back into the habit of things. We had excellent feedback of the new venue for our meeting last month. We have gone ahead and booked this venue through May so that we won't be jumping around all over the place this spring. Once again our meeting location is now at:

2205 Thunderstick Dr.  
Lexington, KY 40505

This is the Lexington Kentucky Professional Firefighters location off Winchester Road. Please mark it down because we plan to have many more meetings at this location. It is very nice and more convenient than Harrodsburg Rd. Our February meeting will be sponsored by EFI Global and our speaker will also be from EFI Global. We hope that you can join us Thursday the 17<sup>th</sup>.

Wait! There's more!!! Did I mention that we (BGCA) is giving away a large prize at this February meeting? If you come to the meeting this February you will be entered in a drawing at the end of the meeting for a \$250 gift card to be used at the Castle! If you have been wanting to stay a night at the Castle now is your chance to do it for free! The crazy thing about this drawing is if you bring guest with you then you get a ticket for each guest member you bring. If your guest is an adjuster then you get 2 extra tickets for the drawing for each adjuster guest you bring! So now is the time to bring that whole adjusting department with you and you could win yourself a \$250 gift card to the Castle.

In closing,

February meeting - \$250 Castle Gift Card (Not the Pawn Shop; this is for the place on Versailles Rd made of blocks and looks out of the 16<sup>th</sup> century) Give Away! Come and bring guest for more chances to win. I am looking forward to seeing everyone there. Come out and at least see this new location. It is awesome and easy to get to. Keep washing your hands and everyone stay safe. See everyone soon!

Sincerely,

Adam Weintraut

BGCA President

## Daily Claims

# UPCOMING EVENTS

February 17 - BGCA Meeting

March 17 - BGCA Meeting

April 21 - BGCA Meeting

May 19 - BGCA Meeting

June - Golf Outing TBA

July 28-29 - KCA at The Campbell House

# SCHOLARSHIPS

KCA\* DEADLINE: APRIL 1ST

BGCA DEADLINE: APRIL 20TH

\*THE KCA SCHOLARSHIP MUST BE SIGNED BY OUR SECRETARY, KATIE BOUVIER.  
THE MEMBER MUST BE IN GOOD STANDING OF THE BGCA FOR BOTH SCHOLARSHIPS.

Bluegrass Claims Association

PO Box 24036

Lexington, KY 40524-4036

[Bluegrassclaimsassociation.com](http://Bluegrassclaimsassociation.com)

[info@bluegrassclaimsassociation.com](mailto:info@bluegrassclaimsassociation.com)

R.S.V.P.

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Thursday, February 17, 2022

5:30pm

Lexington Kentucky Professional Firefighters  
2205 Thunderstruck Drive, Lexington, KY 40505

Please thank our sponsor:

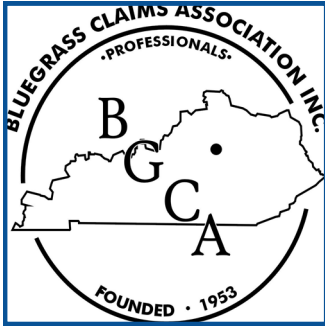


Food will be catered from Red State BBQ.

Meeting Cost: \$25.00

Please RSVP by Tuesday, February 15th!

[info@bluegrassclaimsassociation.com](mailto:info@bluegrassclaimsassociation.com)



# BLUEGRASS CLAIMS ASSOCIATION 2022 COLLEGE SCHOLARSHIP APPLICATION

(Deadline April 20, 2022)

**Eligible: Members in good standing and children of members in good standing.**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

University, College or Vocational School to be attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Anticipated Major: \_\_\_\_\_

BGCA Member Information/Parent or Guardian of Applicant *(only fill out if applicant is a child of a member)*

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

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Member employed by: \_\_\_\_\_

**By signing this document the Applicant and/or his/her Parent/Guardian acknowledge that the Scholarship amount will be determined by the Bluegrass Claims Association and that any scholarship payment will be made to the school or university that the applicant will be attending.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parents/Guardian Members \_\_\_\_\_

Date: \_\_\_\_\_

KENTUCKY CLAIMS ASSOCIATION

2022 SCHOLARSHIP APPLICATION

ONE APPLICATION PER CHILD ONLY

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

High School Graduated From: \_\_\_\_\_

High School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Graduated: Month \_\_\_\_\_ Year: \_\_\_\_\_

University, College or Vocational School to be attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Anticipated Major: \_\_\_\_\_

KCA Member Information/Parent or Guardian of Applicant:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Member employed by: \_\_\_\_\_

Work address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Claims Association: \_\_\_\_\_

By signing this document, the Applicant and his/her Parent/Guardian acknowledge that the scholarship amount will be determined by the Kentucky Claims Association and that any scholarship payment will be made to the school or university that the applicant will be attending.

Signature of Applicant Signature of Parents/Guardian/Members

\_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ Secretary of the \_\_\_\_\_

Claims Association hereby certify that the above listed Parents/Guardians is a member in good standing in their local claims association and meets the required criteria set forth by the Kentucky Claims Association and is qualified to make application for this scholarship.

\_\_\_\_\_  
Signature of Secretary Date

Required information on the following page will be due on or before September 30, 2022 or the scholarship will be forfeited.

Information Required upon notification of winning:

Student's full name as listed on school account: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Last 4 of the Social Security Number \_\_\_\_\_

Brief Bio of Scholarship recipient.

Complete Mailing Address as to where the Check should be mailed:

Institution: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Scholarship recipient is also invited to attend the Banquet at our annual Kentucky Claims Association Conference.







