

**Insurance Scholarship Foundation of America
Professional Scholarship Application**

Please Print or Type

1.	Name: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last First Middle Initial </div>												
2.	Address: _____ _____												
3.	Home Phone: _____ E-Mail: _____ Cell/Mobile Phone: _____												
4.	Employer (if applicable): _____ Employer Address: _____ _____ Employer Phone: _____ Office Email: _____												
5.	Current Position/Title _____												
6.	Employment History: Start with current employer. Attach resume as needed. Attach a separate sheet if necessary.)												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Specific Nature of Work</th> <th style="width: 30%;">Employer</th> <th style="width: 35%;">Dates of Employment</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </tbody> </table>	Specific Nature of Work	Employer	Dates of Employment									
Specific Nature of Work	Employer	Dates of Employment											
7.	Did you receive any reimbursement from your employer, or any other outside source for tuition, books, exam fees, etc. for the coursework for this scholarship? <input type="checkbox"/> No <input type="checkbox"/> Yes—Amount: _____												

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8. Honors Earned/Awards Received (Attach a separate sheet if necessary)

9. Business/Trade/Professional Organizations (Attach a separate sheet if necessary)
 Note: NAIW Members, this section must be completed, verified and signed by your Local Association President or Council Director.

Name	Position	Date
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Organization	Purpose	Date Joined	Current Member Y/N	Position Held/Date

10. Insurance, risk management, actuarial science, designation programs or college courses completed or currently enrolled in. (Attach a separate sheet if necessary)

Include Professional/Insurance-Related Designations earned or anticipated:

Course	Organization/College	Date Completed/To Be Completed

Designation	Date Received	Anticipated Completion Date

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11.	<p>Leadership activities: (Include specific events and/or accomplishments that demonstrate your leadership skills. Attach a separate sheet if necessary.).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Activity</th> <th style="width: 20%;">Year of Participation</th> <th style="width: 20%;">#Hours/Week</th> <th style="width: 30%;">Position Held/ Honor Won</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Activity	Year of Participation	#Hours/Week	Position Held/ Honor Won																				
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12.	<p>Reference</p> <ul style="list-style-type: none"> ▪ Complete the top portion of Page 6 of this <i>Application</i>. ▪ Give the <i>Recommendation Form</i> to your employer or to an insurance industry leader to be completed and signed. ▪ Ask the reference to return the form to you for inclusion with your application. ▪ Include the reference with your completed application. 																								
13.	<p>Essay. On a separate sheet, describe in approximately 500 words, your chosen career path and goals within the insurance industry.</p>																								
14.	<p>Costs Itemization. Complete Page 7 of this form to indicate the itemized costs of the courses for which you are seeking a scholarship. Printed documentation of itemized costs for courses previously taken or future courses taken only within the scholarship award period must be attached. The Foundation Board of Directors will determine any scholarship amount, based on submitted costs.</p>																								
15.	<p>Course Completion Documentation. To qualify for this scholarship award period, you <u>must</u> provide proof of successful completion for any courses for which you previously received an Insurance Scholarship Foundation of America scholarship.</p>																								

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I affirm that the information provided on and with this application is true, to the best of my knowledge. I further affirm that I am not receiving full reimbursement for the expenses of tuition, books, etc., from my employer or any other outside source. I understand that an incomplete application will not be considered for this award period.

I understand that the information in my application will be shared with the Scholarship Evaluation Committee and the Insurance Scholarship Foundation of America Board of Directors for the purpose of evaluating my application. I also understand that limited information (my name, e-mail address, home address, and phone number) will be made available to scholarship sponsors. My scholarship application information will not be shared with or given to any third party. If awarded a Professional Scholarship, I give permission to Insurance Scholarship Foundation of America to publish my name as a scholarship recipient on their website and in other insurance publications, unless I notify the Foundation otherwise within 15 days of receiving notification of a Professional Scholarship award.

I realize that the Insurance Scholarship Foundation of America has a Privacy Policy and that I can access it through the following website address: www.inssfa.org.

Applicant's Signature _____ Date: _____

Scholarship Amount requested: _____

To be Completed by Employer, Department Head, or Authorized Representative, if Applicant is Employed.
Enter N/A, if Applicant is not Employed

I certify that _____ is employed at
Applicant's Name
 _____. The amount of educational
 reimbursement the applicant received from the company is \$ _____.

Name: _____ Title: _____

Signature: _____ Date: _____

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Recommendation Form

To be Completed by Applicant

Applicant's Name: _____
Last
First
Middle Initial

Employer (if applicable): _____

Signature: _____ Date _____

To be Completed by Reference

1. Evaluate the applicant by checking the appropriate box.

Intellectual Ability

Good (Upper 25%) Superior (Upper 15%) Exceptional (Upper 5%)

Leadership

Good (Upper 25%) Superior (Upper 15%) Exceptional (Upper 5%)

2. Provide your appraisal of the applicant. Attach a separate sheet if necessary.

Reference's Name: _____ Title: _____

Employer: _____

Phone Number (optional): _____

Signature: _____ Date: _____

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Scholarship Funds only cover course cost, study materials and examinations.

Name of Course	When Taken/ To be Taken	Course Fee	Cost of Books	Total Cost of Course
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
Cost of All Courses				\$
Employer/Other Reimbursement				\$ ()
Total Cost of All Courses after Reimbursement				\$

Be sure that all requests are within the award period.

Please submit printed documentation supporting costs itemized above.

Incomplete applications/documentation will not be eligible for scholarship considerations.