

## CLAIMS CONFERENCE OF NORTHERN CALIFORNIA

### APPLICATION FOR SCHOLARSHIP PROGRAM

Administered by the Insurance Educational Association

**Applicant's Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

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

**Employer** \_\_\_\_\_ **Employer telephone** \_\_\_\_\_

**Length of Employment** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Why are you applying for this scholarship? (attach an extra sheet if necessary)**

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**List all organized insurance classes you have completed (attach an extra sheet if necessary)**

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**Highest school or college attended** \_\_\_\_\_

**Years attended** \_\_\_\_\_ **Degree earned** \_\_\_\_\_

**Name, address, and telephone number of two references (note daytime numbers & e-mail addresses):**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_

**What course are you planning to take?** \_\_\_\_\_

**What are your future plans in the insurance industry?**

\_\_\_\_\_

\_\_\_\_\_

**Other pertinent information IEA should consider:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional important information:**

Scholarship awards are available only for one semester-length course. Scholarship recipients must re-apply each semester and have achieved a grade of C or better in prior scholarship courses to qualify for future scholarships. Past qualification does not assure that scholarship grants will be granted in the future.

Scholarship recipients do not receive a priority registration; the class may fill up by the time the scholarship application is processed.

IEA may verify the employer's educational support policy by calling the contact person listed on the application.

**Key dates:**

<b>To apply for a course in this semester</b>	<b>Completed application must be received by:</b>	<b>Notification will be given to applicant by:</b>
Fall	July 15	July 31
Spring	December 15	December 31

**Applicant's warranty:**

*I hereby warrant that I will not be reimbursed (including any loan arrangement or rehabilitation benefit) by any source (in full or in part) for the educational cost for which I am seeking financial assistance. Additionally, my employer does not provide educational assistance to me. This includes employer educational support funds which are available to me, but used by me for other educational programs.*

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**Signature of Applicant**

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**Date**