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|  | NAIW INTERNATIONAL LEGACY FOUNDATIONSCHOLARSHIP APPLICATION |

The NAIW International Legacy Foundation is a 501(c)3 insurance trust dedicated to the development of educational programs for insurance professionals and to further the education of its members by funding various opportunities. The Legacy Foundation was formed in 2006 as the philanthropic arm of International Association of Insurance Professionals.

Foundation scholarships will be awarded for professional development programs, continuing advanced education and registration fees for attendance at IAIP Conventions and Conferences.

## SUBMISSION GUIDELINES

* All applications and accompanying documents **must** be typewritten, submitted within the specific award period by the deadline date, and submitted via the [online form](https://naiwlegacyfoundation.org/scholarships/legacy-foundation-scholarship-application/) to be considered.
* Submit detailed documentation supporting the costs for the course/registration for which the scholarship is requested. Please note amount awarded may be less than amount requested.
* No late or incomplete applications will be accepted. Highlights of each section are included to assist in ensuring all aspects of the application are completed.
* To qualify for this scholarship award period, you must provide proof of successful completion for any courses for which you previously received a Legacy Foundation scholarship.

## QUALIFICATION CRITERIA

* Applicant must be a current member of IAIP.
* Applicant must be currently employed in the insurance industry, previously employed, or actively seeking employment.
* Applicant must intend to use the scholarship for one of the following purposes:
  + A course of study designed to improve their knowledge and skills in performing their employment responsibilities, or to increase their knowledge and skill set in obtaining new employment
  + Attendance at the International Convention, Regional Conference or Council Meeting to network and participate in various educational opportunities. Only registration fees will be covered by the scholarship; travel and lodging will not be considered.
* Applicant must not be receiving full reimbursement for the expenses of tuition, books, convention registration, etc. from their employer or any other outside source.

## APPLICATION CRITERIA

* All submissions must be complete and on time. No late or incomplete entries will be accepted.
* Applications will be reviewed by the Legacy Foundation Board of Directors.
* Scholarships will only be awarded for programs/events occurring after the decision announcement date.
* Programs or event attendance must be completed within 12 months of receipt of the scholarship.
* Proof that awards have been used for the intended purpose (i.e. evidence of course completion, receipts for educational materials, etc.) will be required.
* Scholarship recipient agrees to the use of her or his name by the Legacy Foundation for promotional use, including optional photo use.

## APPLICATION TIMELINE

* **Application Submission Deadline:** Scholarship applications will be accepted until January 15 at 5:00 p.m. EST for the first application period and until August 15 at 5:00 p.m. EST for the second application period.
* **Scholarship Selection:** All scholarship applicants will be notified of the selection decision by February 15 for the first application period and by September 15 for the second application period.
* **Scholarship Funds:** Funds will be distributed by February 15 for the first application period and by September 15 for the second application period. PLEASE NOTE: scholarship amount awarded may be less than amount requested.

Submit all application materials via the online form at: <https://naiwlegacyfoundation.org/scholarships/legacy-foundation-scholarship-application/>

Emailed, mailed or faxed applications will not be considered.

## QUESTIONS?

Please contact Executive Director, Beth Chitnis, with questions at [exec.dir@iaip-ins.org](mailto:exec.dir@iaip-ins.org) or 800-766-6249 Ext. 1.

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## APPLICATION CHECKLIST

Only complete applications will be reviewed by the board of directors. All sections must be completed.

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|  | **Section 1: Contact Information** |
|  | **Section 2: Scholarship Information** |
|  | *(including detailed documentation supporting the costs for the scholarship being requested)* |
|  | **Section 3: Professional Development**  **Section 4: IAIP Involvement** |
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|  | **Section 5: Employment History** *(including 1 reference letter)* |
|  | **Section 6: Professional Goals** |
|  | **Section 7: Application Attestation** |

## SECTION I – CONTACT INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | |  | | | | |
| **Designations** | | |  | | | |
| **Mailing Address** | | | |  | | |
| **City, State, Zip** | | | |  | | |
| **Email** |  | | | | | |
| **Cell/Home Phone** | | | |  | **Work Phone** |  |
| **Membership Information** | | | | | | |

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|  | **Local Association** | | | **Local Association Name** | | |  | |
|  | **Member at Large** | | | **State** |  | | | |
| **Region** | | |  | | | | | | |
| **IAIP Join Date** | | | |  | | | **Industry Join Date** | |  |

## SECTION II – SCHOLARSHIP INFORMATION

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| Section highlights   * Detailed documentation for the cost of the program is required * Scholarships are only awarded for programs occurring ***after*** the decision announcement date * Scholarship amount awarded may be less than requested |

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| **Scholarship Requested** |  | | | | | | |
| *i.e. course title, conference name* | | | | | | | |
| **Institution or Sponsoring Organization** | | |  | | | | |
| *i.e. IAIP, industry organization, educational institution* | | | | | | | |
| **Program/Event Date(s)** | |  | | | | | |
| *Scholarships will only be awarded for programs/events occurring after the decision announcement date* | | | | | | | |
| **Scholarship Amount Requested** | | **$** | | | | | |
| *Amount awarded may be less than amount requested* | | | | | | | |
| **Cost documentation included?** | | | |  | **Yes** |  | **No** |
| *Detailed documentation supporting the costs for the program or event is required.* | | | | | | | |
|  | | | | | | | |
| **Have you applied for and/or received a scholarship for this same purpose?** | | | |  | **Yes** |  | **No** |
| *If yes, please provide details of that scholarship and date that proof of successful completion was submitted to the Legacy Foundation.* | | | | | | | |
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## SECTION III – PROFESSIONAL DEVELOPMENT

**Identify your proposed or current interest in the following courses of study.** (check all that apply)

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| --- | --- | --- | --- | --- |
|  | Actuarial Science |  | Finance | |
|  | Business |  | Risk Management & Insurance | |
|  | Computer Science |  | Other (please state) |  |

**Degrees and designations earned or anticipated:** List any Insurance, Risk Management or Actuarial Science degrees or designations that you have earned or anticipated. *(If needed, expand the table or attach additional sheets with degree and designation details)*

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| --- | --- | --- |
| **Degree or Designation** | **Date Earned or**  **Anticipated Completion Date** | **Institution or Sponsoring Organization** |
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## SECTION IV – IAIP INVOLVEMENT

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| Section highlights   * Leadership positions and event participation are to have been completed within the last five (5) years. *(If needed, expand the table or attach additional sheets with details)* |

**Leadership:** List the IAIP leadership positions held **within the last five (5) years**. Options include serving or chairing a Local, Council, Regional or International Committee.

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| **Position:** |  |
| **Dates:** |  |

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| **Position:** |  |
| **Dates:** |  |

**Event Participation:** List the IAIP event participation **within the last five (5) years**. Options include Council Meetings, Regional Conferences or International Conventions.

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| **Event:** |  |
| **Date(s):** |  |

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| **Event:** |  |
| **Date(s):** |  |

## SECTION V – EMPLOYMENT HISTORY

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| Section highlights   * Relevant work experience is requested * One (1) business, personal or IAIP reference with letter of recommendation is required |

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| **Current employment status:** | |  | **Full time** |  | **Part time** |
|  | **Self-employed** |  | **Seeking Employment** |
|  | **Retired** | | |
| **Current Employer:** |  | | | | |
| **Current Title:** |  | | | | |
| **Role/Major Responsibilities:** | |  | | | |

## WORK EXPERIENCE

Indicate additional insurance employment (list most recent first). *(If needed, expand the table or attach additional sheets with employment details)*

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| **Dates of Employment** | **Employer** | **Position(s) Held** |
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REFERENCE

Include letter of recommendation from one (1) business, personal or IAIP reference.

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| --- | --- | --- | --- |
| **Name** | **Business or Personal Reference** | **Phone** | **Email** |
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| --- | --- | --- | --- | --- |
| **Reference letter included?** |  | **Yes** |  | **No** |

## SECTION VI – PROFESSIONAL GOALS

What are your professional goals? How will receiving this scholarship help you to obtain these goals? Limit response to 150-300 words.

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## SECTION VII – APPLICATION ATTESTATION

I affirm that the information provided is true, to the best of my knowledge. I understand that the information in my application will be shared with the Scholarship Evaluation Committee for the purpose of evaluating my application. My scholarship application information will not be shared with or given to any third party. If awarded a scholarship, I give permission to publish my name as a scholarship recipient unless I notify the Foundation within 15 days of receiving notification of a Scholarship award.

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| Applicant’s Signature *(electronic signature is acceptable)* | Date |