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|  | NORM ZIEGLER TRAILBLAZER SCHOLARSHIPNAIW International Legacy FoundationCollegiate Scholarship Application |

The NAIW International Legacy Foundation is the administrator of the Norm Ziegler Trailblazer Scholarship. The NAIW 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.

The **Norm Ziegler Trailblazer Scholarship** is available to undergraduate and graduate student members working towards a career in the insurance and risk management industry.

Norm (Norbert) Ziegler was a mentor to many in the insurance industry and owned Frontier Adjusters, a Claims Adjusting business. Norm was a member of the International Association of Insurance Professionals and a past president and engaged member of the local association – Insurance Association of Suburban Kansas City – in Kansas.

Two scholarships valued at $2,000 each will be awarded annually.

## SUBMISSION GUIDELINES

* All applications and accompanying documents including essay, transcript and recommendation forms **must** be typewritten and submitted within the specific award period and received or postmarked by the deadline date to be considered.
* No late or incomplete applications will be accepted. Highlights of each section are included throughout 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 candidate for a degree with a major or minor with an emphasis in Insurance, Risk Management, Actuarial Science or related field.
* Applicant must be a United States citizen and a full-time student attending any college in the U.S.
* Applicant must have achieved at least a 3.0 overall grade-point average on a 4.0 scale.
* Applicant must not be receiving full reimbursement for the expenses of tuition, books, etc. from any outside source.

## APPLICATION PROCESS

* 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 courses of study occurring after the decision announcement date.
* Scholarship recipients will be requested to submit payment information for the funds to be distributed directly to the institution.
* Courses of study 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.
* **Scholarship Selection:** All scholarship applicants will be notified of the selection decision by February 15.
* **Scholarship Funds:** Funds will be distributed after February 15 following receipt of payment information for distribution directly to the institution.

Submit all application materials via the online form at: [www.internationalinsuranceprofessionals.org/page/collegiate\_scholarship](http://www.internationalinsuranceprofessionals.org/page/collegiate_scholarship)

Documentation provided directly from an institution or reference should be submitted to the Legacy Foundation Executive Director by email or mail to:

**Email:** [exec.dir@iaip-ins.org](mailto:exec.dir@iaip-ins.org)

**Mail:** NAIW International Legacy Foundation

One Glenlake Parkway

Suite 1200

Atlanta, GA 30328

## 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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|  | NAIW INTERNATIONAL LEGACY FOUNDATIONCOLLEGIATE SCHOLARSHIP APPLICATION |

## 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** |
|  | **Section 3: Collegiate Development**  **Section 4: Extracurricular and Personal Activities** |
|  |
|  | **Section 5: IAIP or Volunteer Involvement** |
|  | **Section 6: Work or Internship Experience** |
|  | **Section 7: Essay** |
|  | **Section 8: References** |
|  | **Section 9: Transcript** |
|  | **Section 10: Application Attestation** |
|  | **Section 11: Authority Certification** |

## SECTION I – CONTACT INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | |
| **Designations** | | | |  | | |
| **Mailing Address** | | | | |  | |
| **City, State, Zip** | | | | |  | |
| **Permanent Address**  *(if different from above)* | | | | | |  |
| **Email** | |  | | | | |
| **Cell Phone** | | |  | | | |

**Membership Information**

Are you a member of IAIP, GIS or have an affiliation with an IAIP member? If yes, select all that apply:

|  |  |  |
| --- | --- | --- |
|  | **IAIP Member** | |
|  | **GIS Member** | |
|  | **Non-Member** |  |

## SECTION II – SCHOLARSHIP INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you previously applied for and/or received a Legacy Foundation scholarship?** | |  | **Yes** |  | **No** |
| If yes, please provide details of that scholarship. |  | | | | |
|  | | | | | |
| **Have you applied for and/or received a scholarship from another source for this same purpose?** | |  | **Yes** |  | **No** |
| If yes, please provide details of that scholarship. |  | | | | |
|  | | | | | |

## SECTION III – COLLEGIATE DEVELOPMENT

**Institution Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Institution Attending** |  | | | | | | |
| **Field of Study: Major** |  | | | **Minor(s)** | |  | |
| **Date Expected to Complete Degree** | | Undergraduate |  | | Graduate | |  |
|  | |  | *(month/year)* | |  | | *(month/year)* |

**Current Class Standing**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Freshman |  | Sophomore |  | Junior |  | Senior |
|  |  |  |  | | | | | |
|  | Masters Candidate |  | Ph.D. Candidate | | | | | |

**Academic Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Undergraduate GPA: |  | on a |  | scale. |
| Graduate GPA: |  | on a |  | scale. |

## SECTION IV – EXTRACURRICULAR AND PERSONAL ACTIVITIES

Include specific events and/or accomplishments, such as nonacademic honors won, sports, etc. Attach a separate sheet if necessary. Please include those activities that demonstrate your leadership skills.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Year of Participation** | | | | | **Hours Per Week** | **Position Held/Honor Won** |
| **FR** | **SO** | **JR** | **SR** | **GR** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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## SECTION V – IAIP OR VOLUNTEER INVOLVEMENT

|  |
| --- |
| Section highlights   * IAIP involvement, including volunteer positions and event participation, are to have been completed within the last five (5) years * Volunteer positions with any relevant organization are to have been completed within the last five (5) years |

**IAIP Positions:** List the IAIP involvement **within the last five (5) years**. Options include serving on or chairing a Local, Council, Regional or International Committee.

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

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

**IAIP Event Participation:** List the IAIP event participation **within the last five (5) years**. Options include participation in Local Association Meetings, Council Meetings, Regional Conferences or International Conventions; educational programs or webinars.

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

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

**Volunteer Positions:** List the volunteer involvement **within the last five (5) years**.

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

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

## SECTION VI – WORK EXPERIENCE

List work experience, including summer employment and internships, you have held.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Position Title /**  **Specific Nature of Work** | **Employment Dates** | **Hours Per Week** |
|  |  |  |  |
|  |  |  |  |
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## SECTION VII – ESSAY

Complete the essay on a separate sheet. The essay must be typewritten.

**Essay Question**

Describe in approximately 500 words your chosen career path and goals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Essay included?** |  | **Yes** |  | **No** |

SECTION VIII – REFERENCES

Two (2) recommendations from academic sources are required. See page 7 for form to provide to references.

* Make copies of the Recommendation Form.
* Applicant completes the top portion of Recommendation Form and give a copy to your two (2) references to be completed and signed.
* All references must be written on institution letterhead.
* Ask references to return their forms to you in a sealed envelope for inclusion with your application or they may mail directly to the NAIW International Legacy Foundation at the address provided on the form.
* Both recommendations must be returned with your application or mailed/received by the Foundation for your scholarship application to be considered.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Two Recommendation Forms requested?** |  | **Yes** |  | **No** |

SECTION IX – TRANSCRIPT

Send an official college/university transcript in a sealed envelope, or request that the college/university send the transcript directly to:

NAIW International Legacy Foundation

One Glenlake Parkway

Suite 1200

Atlanta, GA 30328

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Transcript included or requested?** |  | **Yes** |  | **No** |

## SECTION X – APPLICATION ATTESTATION

I affirm that the information provided 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 the information in my application will be shared with the NAIW International Legacy Foundation Board and scholarship selection committee for the purpose of evaluating my application. My scholarship application information will not be shared with or given to any third party not listed above. If awarded a scholarship, I give permission to the NAIW International Legacy Foundation to publish my name as a scholarship recipient unless I notify the Foundation within 15 days of receiving notification of a Scholarship award.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature |  | Date |  |

|  |  |
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|  | NORM ZIEGLER TRAILBLAZER SCHOLARSHIPNAIW International Legacy FoundationCollegiate Scholarship Application |

## SECTION XI – AUTHORITY CERTIFICATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *To be completed by dean, department head, or authorized representative.* | | | | | | |
| I certify that | | |  | | | is a student at |
|  | | | Applicant’s Name | | |  |
|  | | | | | |  |
| Institution | | | | | |  |
|  | | | | | | |
| Name |  | | | Title |  | |
| Signature | |  | | Date |  | |

|  |  |
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|  | NORM ZIEGLER TRAILBLAZER SCHOLARSHIPNAIW International Legacy FoundationCollegiate Scholarship Application |

# RECOMMENDATION FORM

**Two (2) recommendations from academic sources are required.**

* Applicant completes the top portion of the Recommendation Form.
* All references must be written on institution letterhead.
* References are to complete and sign form. Return the form to applicant in a sealed envelope for inclusion with scholarship application or submit it directly to the NAIW International Legacy Foundation by email or mail to:

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| **Email:** [exec.dir@iaip-ins.org](mailto:exec.dir@iaip-ins.org) | **Mail:** NAIW International Legacy Foundation  One Glenlake Parkway  Suite 1200  Atlanta, GA 30328 |

* Recommendation Form must be mailed/received by the Foundation by January 15 for the scholarship application to be considered.

# TO BE COMPLETED BY APPLICANT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s Name** | |  | | | | |
|  | | Last | First | | | Middle Initial |
| **Institution** |  | | | | | |
| **Signature** |  | | | **Date** |  | |

# TO BE COMPLETED BY REFERENCE

Provide your appraisal of the applicant on institution letterhead and attach to this signed form. Return to applicant in a sealed envelope or you may send your recommendation directly to NAIW International Legacy Foundation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference’s Name** |  | **Title** |  |

|  |  |
| --- | --- |
| **Institution** |  |

|  |  |
| --- | --- |
| **Department** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |