

REGION I EDUCATIONAL SCHOLARSHIP

PROVISIONS OF SCHOLARSHIP AWARD

1. AWARDS IN AN AMOUNT UP TO \$500.00 EACH WILL BE PROVIDED TO COVER EDUCATION EXPENSES. THE NUMBER WILL VARY EACH YEAR DEPENDENT UPON SPONSORSHIPS.
2. THE COURSE MUST BE INSURANCE RELATED OR NECESSARY FOR ADVANCEMENT WITHIN THE INSURANCE INDUSTRY (i.e. REQUIRED COURSE OF BUSINESS DEGREE PROGRAM).
3. SCHOLARSHIP FUNDS MUST BE USED WITHIN ONE (1) YEAR FROM THE DATE OF PRESENTATION.
4. THE RECIPIENT OF THE SCHOLARSHIP AWARD SHALL NOT BE ELIGIBLE TO RECEIVE THE AWARD AGAIN FOR THREE (3) YEARS.
5. RECEIPT(S) FOR EDUCATIONAL EXPENSES WILL BE SUBMITTED TO THE SPONSOR FOR THEIR RECORDS.
6. UPON REQUEST, YOU MAY BE REQUIRED TO PROVIDE YOUR SOCIAL SECURITY NUMBER TO THE SPONSOR.

I AGREE TO ABIDE BY THE ABOVE PROVISIONS OF THIS SCHOLARSHIP.

DATE: _____

SIGNATURE: _____

NAME: _____

HOME ADDRESS: _____

EMPLOYER'S NAME/ADDRESS: _____

NAME OF IMMEDIATE SUPERVISOR: _____

LOCAL NAIW ASSOCIATION: _____

EMAIL ADDRESS: _____

**APPLICATION
REGION I EDUCATION SCHOLARSHIP AWARD
EDITION: 12/11**

RECEIVED BY DEADLINE: January 20, 2012

Applications may be sent via mail, fax or email.

RETURN TO: Polly Jones CSA, CLTC, CPIA, HIA, CIIP
421 Abels Rd.
Wrightsville, PA 17368
Phone: 717-244-4389
Fax: 717-244-5214
Email: polly@pejones.com

1. Number of years in the insurance industry: _____
Number of years in NAIW: _____

2. List NAIW activities (including offices held, committees served, etc.) from January 1, 2002 thru December 31, 2011. Attach a separate sheet, if more space is required.

3. Education

Degrees Held: _____

Designations Held: _____

List or describe courses/programs completed in past five (5) years. Attach a separate sheet, if necessary.

4. Briefly describe the course/program for which this scholarship will be used.

5. Career goals: Briefly describe your short term and long-term career goals.

6. How will this course/program help meet your objectives?

APPLICATION MUST BE RECEIVED BY JANUARY 20, 2012
