

SCHOLARSHIP APPLICATION

Scholarships awarded by:
PIA EDUCATION FOUNDATION and the ELSIE REAMY SCHOLARSHIP FUND
PROFESSIONAL INSURANCE AGENTS ASSOCIATION OF VIRGINIA AND THE DISTRICT OF COLUMBIA, INC.

Applicants must:

- Be actively engaged in the insurance business
- Be a member of PIA of VA & DC
- Take exam at end of program
- Attach one letter of recommendation to this application
- Return the application **no later than December 3, 2018, to:**

Email: Sheryl@piavadc.com

A scholarship will be awarded for one class only for registration fees, not the entire program:

- Certified Insurance Counselor (CIC) registration only
- Certified Insurance Service Representative (CISR) registration only
- Certified Professional Insurance Agent (CPIA) registration only
- Certified Risk Manager (CRM) registration only

The Scholarship winners will be announced December 12, 2018. Winners have one year to use their scholarship for registration to attend one class sponsored by PIA of VA&DC. Scholarship winners or their employers must pay other related expenses.

Scholarship Cannot be used as an update

I am applying for a scholarship to attend: ___ CIC ___ CISR ___ CPIA ___ CRM
(Please choose only one.)

NAME OF APPLICANT _____

NAME OF AGENCY OR COMPANY _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

CITY/STATE/ZIP _____

EMAIL ADDRESS _____

HOW LONG HAVE YOU BEEN EMPLOYED AT YOUR PRESENT AGENCY OR COMPANY? _____

WHAT IS THE TITLE OF YOUR POSITION AND WHAT ARE YOUR RESPONSIBILITIES? _____

INSURANCE EXPERIENCE

ANY OTHER INSURANCE EXPERIENCE YOU WOULD LIKE TO SHARE? _____

ARE YOU A LICENSED AGENT? _____ IS INSURANCE YOUR PRINCIPAL INCOME? _____

CERTIFICATIONS HELD? _____ WOULD THIS BE YOUR FIRST CLASS OF THIS TYPE?

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WILL YOU BE REIMBURSED FOR YOUR REGISTRATION FEE IF YOU DO NOT RECEIVE THIS SCHOLARSHIP? _____

WILL YOU BE REIMBURSED FOR YOUR TRAVEL AND OTHER EXPENSES? _____

WHAT MOTIVATED YOU TO SEEK THIS SCHOLARSHIP?

HOW DO YOU THINK THIS EDUCATION WILL HELP YOU FURTHER YOUR CAREER PLANS?

****PLEASE ATTACH AT LEAST ONE LETTER OF RECCOMENDATION TO THIS APPLICATION. IT IS REQUIRED FOR CONSIDERATION FOR THIS SCHOLARSHIP.**

Signature _____

Date of Application _____

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