

**Insurance Scholarship Foundation of America  
John D. and Martha M. Rogers Scholarship Application**

Name: \_\_\_\_\_  
 Last                       First                       Middle Initial

**Step 1: Make sure you qualify for this scholarship. (Each box must be checked.)**

<input type="checkbox"/>	I am a member of NAIW (International) in the State of Virginia (If "no" you are not eligible for this scholarship.)
<input type="checkbox"/>	I am <b>not</b> receiving full reimbursement for the expenses to attend Personal Development classes and seminars at the following meeting: (Name of Meeting to Attend: _____)

**Step 2: Provide all the necessary information.**

I have done the following:

1. <input type="checkbox"/>	Completed the <i>Application</i> . <b>Incomplete applications will not be considered.</b>
2. <input type="checkbox"/>	Signed the <i>Application</i> .
3. <input type="checkbox"/>	Obtained the signature of my Local Association President.
4. <input type="checkbox"/>	Provided one completed <i>Recommendation Form</i>
5. <input type="checkbox"/>	Provided a 250-word essay describing my chosen career path and goals within the insurance industry.

**Step 3: Confirm your understanding.**

I understand the following:

<input type="checkbox"/>	I must have my completed & signed <i>Application</i> and submitted it to <b>Insurance Scholarship Foundation of America</b> , % & * ! % ' 6 YUW ' 6 ` j X' Z GHY'' ) ' > UW gcbj j ` Yž: @' && \$ž ] [ • q æ \ ^ á / ^ the timelines below for scholarship consideration, or my application with all attachments may be scanned and emailed, <b>return receipt requested</b> to <a href="mailto:billie@inssfa.org">billie@inssfa.org</a> by the deadline date.
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When Scholarship Awarded	Event Dates	Application Deadlines
January	March 1 Through April 30	February 1
April	June	March 15
August	August 1 Through November 15	July 15

\*The Event must be take place within this time frame to be eligible for the applicable scholarship.

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Please Print or Type

1.	Name: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Last</span> <span>First</span> <span>Middle Initial</span> </div>
2.	Address: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
3.	Home Phone: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> E-Mail: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
4.	Employer (if applicable): <div style="border: 1px solid black; width: 100%; height: 25px;"></div> Employer Address: <div style="border: 1px solid black; width: 100%; height: 25px;"></div> Office Email: <div style="border: 1px solid black; width: 100%; height: 25px;"></div> Employer Phone No.: <div style="border: 1px solid black; width: 100%; height: 25px;"></div>
5.	Current Position/Title: <div style="border: 1px solid black; width: 100%; height: 25px;"></div>
6.	Employment Experience: Start with current employer. Attach resume as needed. (Attach a separate sheet if necessary.)

Specific Nature of Work	Employer	Dates of Employment
7. Did you receive any reimbursement from your employer, or any other outside source for this Personal Development event for this scholarship? <input type="checkbox"/> No <input type="checkbox"/> Yes – Amount: <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>		

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8.	Honors Earned/Awards Received (Attach a separate sheet if necessary)
9.	Business/Trade/Professional Organizations (Attach a separate sheet if necessary)

Organization	Purpose	Date Joined	Current Member?	Position Held/Date

10.	Leadership activities: (Include specific events and/or accomplishments that demonstrate your leadership skills. Attach a separate sheet if necessary.)			
	Activity	Yr. of Participation	Hrs./Week	Position Held Honor Won
11.	Essay. On a separate sheet describe in approximately 250 words your chosen career path and goals within the insurance industry.			

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I affirm that I am a NAIW (International) member in the State of Virginia and the information provided on and with this application is true, to the best of my knowledge. I further affirm that I am not receiving full reimbursement for the expenses of attending Personal Development classes or meetings from my employer or any other outside source. I understand that an incomplete application will not be considered for this award period.

I understand that the information in my application will be shared with the Scholarship Evaluation Committee and the Insurance Scholarship Foundation of America Board of Directors for the purpose of evaluating my application. My scholarship application information will not be shared with or given to any third party.

I understand that if I am awarded a scholarship to attend any Personal Development classes or meetings that I will be required to provide signed documentation of attendance and a full written report of the classes and events attended.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Local Association President: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship Amount requested: \_\_\_\_\_

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**Reference**

- Give the *Recommendation Form* to your Local President, Council Director or Regional Vice President to be completed and signed.
- Ask the reference to return the form to you for inclusion with your application.
- Include the reference with your completed application.

**Recommendation Form**

I Certify that \_\_\_\_\_ does not receive any financial assistance to attend the NAIW National, Council or Regional meetings.

Local President, Council Director or RVP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**To be Completed by Reference**

1. Evaluate the applicant by checking the appropriate box.

*Leadership*

Good (Upper 25%)     Superior (Upper 15%)     Exceptional (Upper 5%)

2. Provide your appraisal of the applicant. Attach a separate sheet if necessary.

Reference's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number (optional): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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1. Costs Itemization. Complete this page to indicate the itemized costs of the courses or meetings for which you are seeking a scholarship. Documentation must be included to be eligible for a scholarship.

Name of Event	When Taken/ To be Taken	Registration Fee	Cost of Hotel/Travel	Total Cost of Event
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
<b>Total Cost</b>				\$ _____
<b>Employer/Other Reimbursement (if any)</b>				\$( _____ )
<b>Total Cost of Event after Reimbursement</b>				\$ _____

**Be sure that all requests are within the award period.**

**Please submit documentation supporting costs itemized above.**

**Incomplete applications will not be considered.**

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**Certification of Course Attendance  
To Be Completed by Course Instructor**

**Name of the Event:** \_\_\_\_\_

**Location and Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I certify that \_\_\_\_\_ attended and successfully completed the following course:**

**Name of Course:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed and signed form is to be returned to the Insurance Scholarship Foundation of America (ISFA), P. O. Box 866, Hendersonville, NC 28793-0866 within 10 days of completion of course.