

# SCHOLARSHIP APPLICATION - 3rd Quarter

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

- Return the application **no later than September 30, 2017**, to: PIA of VA & DC Education Foundation  
8751 Park Central Drive, Suite 140  
Richmond, VA 23227  
Fax: (804)266-1075

Email: [Sheryl@piavadc.com](mailto:Sheryl@piavadc.com) (preferred)

**One class scholarship will be awarded for registration fees only for each of these programs:**

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

Winners will be announced October 30, 2017. 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. Cannot be used as an update, must have valid Virginia or DC Resident License.

I am applying for a scholarship to attend: \_\_\_ CIC \_\_\_ CISR \_\_\_ CPIA \_\_\_ CSRM  
**(Please choose only one.)**

NAME OF APPLICANT \_\_\_\_\_

NAME OF AGENCY OR COMPANY \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## **EDUCATION**

SCHOOL ATTENDED \_\_\_\_\_ DATES \_\_\_\_\_ IF GRADUATED, DEGREE RECEIVED \_\_\_\_\_

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ARE YOU A LICENSED AGENT? \_\_\_\_\_ IS INSURANCE YOUR PRINCIPAL INCOME? \_\_\_\_\_

CERTIFICATIONS HELD? \_\_\_\_\_ WOULD THIS BE YOUR FIRST CLASS OF THIS TYPE? \_\_\_\_\_

## **INSURANCE EXPERIENCE**

INSURANCE AGENCY EMPLOYMENT (PREVIOUS) \_\_\_\_\_

INSURANCE COMPANY EMPLOYMENT (PREVIOUS) \_\_\_\_\_

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

WHAT IS THE TITLE OF YOUR POSITION AND WHAT ARE YOUR RESPONSIBILITIES? \_\_\_\_\_

NON-INSURANCE EXPERIENCE (LENGTH OF TIME, DESCRIBE BRIEFLY) \_\_\_\_\_

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 \_\_\_\_\_