

Indian American Insurance Professionals' Association **www.iaipa.org**

SCHOLARSHIP APPLICATION FORM

	Please tick mark the check b	oxes.	
Currently, I am attending		College/Univers	sity.
I am NOT receiving any p from any other outside source	partial/total reimbursement for tl ce.	ne expenses of study mater	ials, tuition fees etc.,
I have obtained a minimu	um of 3.0 in the preceding year o	f college education.	
I am presently enrolled v	vith a major in		
Provide al	I the required information (Pl	lease Write in Capitals or	Туре)
Last Name	First Name	Middl	e Name
Mailing Address			
Contact Number			
E-Mail Address			
Expected Date of Completion of	Degree 🔲 Undergraduate	Grad	uate
	(MI	M/YYYY)	(MM/YYYY)
Education	Name	Year of Graduation	Location
High School			
College/University			
Other			
Educational Record 🔲 Und	lergraduate (GPA)	assessed on a	grading system.
Grad	duate (GPA)	assessed on a	grading system.

Outline completed or ongoing coursework in insurance, risk management, or actuarial studies. Specify any designations achieved or aiming for. If needed, use an additional sheet for details.



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Course Name	Title/ Designation	Completion Date (Actual/ Expected)	Certification Date (Actual/ Expected)

Outline your work history, including any jobs or summer employment you have undertaken.

Task Description	Organization Name	
	Tenure (From Date – To Date)	
	Hours per Week	
Task Description	Organization Name	
	Tenure (From Date – To Date)	
	Hours per Week	
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Detail non-academic pursuits and personal engagements, highlighting notable achievements, events, or honors. If necessary, furnish supplementary details on a separate document. Emphasize activities showcasing leadership skills.

Activity	Year	Rank Held /Awards Won

I confirm that the details furnished in this application is accurate to the best of my knowledge. Additionally, I declare that I am not receiving complete reimbursement for tuition fees, study materials, etc., from my employer or any other external source.

I acknowledge that the details provided in my application will be shared with the Scholarship Evaluation Committee and the Board of Directors of the Indian American Insurance Professionals' Association for evaluation purposes.

I am aware that a restricted set of information (including my name, email address, home address, and phone number) may be disclosed to scholarship sponsors. My scholarship application details will not be shared with or provided to any other third party not mentioned above.

If granted a College Scholarship, I authorize the Indian American Insurance Professionals' Association to publish my name and/or picture as a scholarship recipient on their website and in other insurance publications.

Please refer to the IAIPA website <u>www.iaipa.org</u> for more information.

Applicant's	Signature:
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Date:



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To be Completed by Dean/ Head of Department/ or any other Authorized Representative		
I, hereby certify that, (Applicant's Name)	is a
full-time student at		
College/University.		
Name	Title	
Email Address	Contact Number	-
Signature	Date	

Checklist for the Candidate :

Completed & signed the Application.

Procured the signature of my college/university representative on the application.

Provided two completed Recommendation Forms from academic references and one from community person. (See page 5 for instructions)

Please acknowledge your comprehension.

I acknowledge that I am required to submit my fully filled and signed application, along with the accompanying documents, as scanned files via email to scholarship@iaipa.org by the deadline date specified by IAIPA.

Applicant's Signature:	Date:



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Two recommendations from academic sources and one from community person are required.

- Get the recommendation form completed and signed by providing each of your references with a copy for their review.
- Please provide references written on Official/College/University letterhead.
- Ensure all recommendations are submitted along with your application; email them for your scholarship application to be processed.

To be Completed by Applicant

First Name

Middle Name

College/University

Signature

Date

To be Completed by Reference Person

Please furnish your evaluation of the applicant on official College/University letterhead and affix it to this duly signed form.

Name	Designation
Institution / Organization	
Email Address	Contact Number
Signature	Date