



IAIPA

Indian American Insurance Professionals' Association

www.iaipa.org

SCHOLARSHIP APPLICATION FORM

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
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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 www.iaipa.org for more information.

Applicant's Signature:

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

Last Name 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
