

Insurance Excellence Scholarship Application (CISR/CIC)

submissions due by April 1st

The National Alliance CISR and CIC designations are world renown for their high caliber of insurance industry education and have long been the foundation of our association's professional education and development department.

Scholarships for both programs have been designed to encourage either the beginning or continuation of a current course of study in the pursuit of these time-honored professional designations.

Awards are given for one course per program and must be used within 12 months of award or the benefit is forfeited.

Criteria for Consideration and Eligibility:

- First time participant in the indicated designation program
- Employed full-time in the insurance or risk management industry
- For CIC, it is recommended the individual has a minimum of two years industry experience and may not already be a CIC designee
- For CISR, may not already be a CISR designee
- Must take any applicable examination - a passing grade is not required
- Demonstrates a commitment to professional continuing education

Please check the scholarship for which you are applying:*

CIC Scholarship – Oklahoma classroom only

CISR Scholarship – Oklahoma classroom only

First and Last Name*:

Current Employer*: Job Title/Number of Years*:

Mailing Address*:

City*: State/Province/Region*: Zip Code*:

Phone Number*: Email*:

What professional designations does this individual hold?*

Has the individual ever attended a CIC or CISR program?*

Yes

No

If yes, what program?

Would this individual give the necessary time to attend an institute or course and continue toward the designation?*

Yes No

Does the individual receive any financial assistance for his or her education from other sources (employer, organization, company sponsor)?* Yes No

Why does this individual want or need this scholarship? Explain why it is needed and how the individual can give back to the industry?*

What are this individual's short and/or long-term goals as it relates to the insurance industry?*

Nominated by (may be self-nominated):

First and Last Name:

Sponsoring Organization: Job Title:

Mailing Address:

City: State/Province/Region: Zip Code:

Phone Number: Email:

SUBMIT