**Independent Insurance Agents & Brokers of King/Snohomish County**

**Professional Development Grant Application**

**IIABKC Professional Development Scholarship Program Application Deadline**

* Applications accepted for all events occurring from January 1 through December 31. Applications must be received one month prior to the event for which the application is being submitted.

**Scholarship Guidelines:**

1. **Up to a total of $500** is awarded per year for each applicant. *Applicants requesting more than this eligibility will have applications returned for resubmission.* Educational events may include webinars and educational programs, IIABW Young Agents, IIABW Joint Conferences and any industry-recognized continuing education/certification provider (i.e., IIABW, IRM, CPCU, CIC, CISR, etc.). We have limited grants in the budget, but the board may consider additional grants upon application.
2. **Applicant must be employed by an IIABKC agency member.**
3. **Award reimbursements may be issued for registration expenses to** qualifying programs only.
4. **The recipient's insurance agency will be reimbursed after the program is successfully completed. The individual is responsible for registering for the program.** **Documentation and receipts are required to receive reimbursement.** **Reimbursement requests must be submitted within 30 days of completion of the program. Failure to submit requests within the allotted time frame may result in loss of funding.**
5. The recipient must use awarded funds during the award cycle and for the purpose stated on the application. **Grants are not transferable.**
6. A separate application must be completed for each grant requested.

*Please forward completed email the application with attachments or any questions to carol@iiabkc.org.*

**Independent Insurance Agents & Brokers of King/Snohomish County**

**Professional Development Grant Application**

**Applicant’s name:** **Title:**

**Full insurance agency name:**

**Insurance Agency mailing address:**

**Phone:** **ext.** **Fax:**

**E-mail:**

**Education event:**

**Event date:** **Event sponsor:** (IIABW, CPCU, PIAW, etc.?)

**Total Amt. Requested\*:** $**\_\_\_\_\_\_\_\_\_** (**Registration** **Fees Only**)

(\***Maximum available is $500 per person in a 12-month period**)

1. **How many years have you been in the insurance industry either as an employee/volunteer?**

* Less than 3 years
* 3 to 10 years
* Over 10 years

1. **Will you attend this event if you do not receive this grant?**

Yes No

1. **How many insurance producers are in your agency:**
2. **Present position with insurance agency:**

* Volunteer
* Employee
* Supervisor/Middle Manager
* CEO/Senior Manager

1. **Have you served as any of the following in the past five years:**

* Association Board/Committee – provide organization name
* Chapter Officer - – provide organization name

1. **Will you lose wages or use vacation/personal time to attend this event?**

Yes No

**these answers are REQUIRED IN ORDER TO BE CONSIDERED – please respond**

1. **Please provide IIABKC with the reason you require funding for this program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. **Explain how this educational program will benefit you as well as your insurance agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. **Tell us about your involvement in the insurance community:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Applicant Signature:**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_**

**MANDATORY:**

**I recommend and endorse the above named applicant to attend this event/training. If he or she receives this grant, the agency will support the applicant’s utilization of the funds provided.**

**Supervisor Signature: Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_