



iLEAD & IIANC Designation Scholarship Application

Applicant Information

Full Legal Name: _____

Preferred Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Date of Birth: _____

Professional Background

Agency / Organization Name: _____

Agency Location (City, State): _____

Current Job Title: _____

Years in the Insurance Industry: _____

Designation Information

Designation Seeking (CPCU, CIC, CISR, ARM, AINS, etc.): _____

Have you already begun coursework? Yes ☐ No ☐

Courses completed or enrolled:

Estimated Total Cost: _____

Maximum Scholarship Award: A recipient may receive up to \$500, or have the course paid in full, whichever is the lesser of the two.

Scholarship Request

Amount of Scholarship Requested: _____

How funds will be used (courses, exams, materials, etc.):

Short Answer Questions

1. Why did you choose a career in the independent insurance industry?

2. How will earning this designation strengthen your ability to serve clients and your agency?

3. Describe a leadership experience, challenge, or growth moment early in your insurance career.

4. How do you plan to stay engaged with the insurance industry through leadership, education, or service?

Industry Involvement

Describe any involvement with iLEAD, IIANC, Young Agents, or other organizations:

Authorization & Certification

☐ I authorize IIANC and iLEAD to use my name, photo, statements, and professional experience for promotional or educational purposes if I am selected as a scholarship recipient.

I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Please send your completed application to Anna Rebollar at arebollar@iianc.com.