

## Diversity Scholarship Application

In an effort to demonstrate our commitment to the promotion of diversity, inclusion, and racial justice, IIANC has designated \$10,000 to offset the cost of pre-licensing, professional development, and other on-boarding related training needed for newly hired minorities by IIANC member agencies. IIANC stands strongly against racism and injustice and we are committed to making positive, meaningful changes that will create more diversity within the insurance community in North Carolina.

### ***Frequently Asked Questions & How to Apply***

- **How much is the scholarship?** The scholarship amount is \$500 and will be awarded to agencies to offset incurred costs.
- **What expenses are eligible?** Examples of eligible expenses include pre-licensing education, designation programs, and other professional development-related costs.
- **Who is eligible?** All IIANC member agencies are eligible to apply upon the hire of a new employee from a racial or ethnic minority. If awarded, these funds will be used to support that new employee's professional development during their first year of employment. Agencies may also apply on behalf of existing employees from a minority group for the purpose of that employee obtaining their insurance license.
- **How do I apply?** Complete the requested information below. IIANC will review all applications received on a first come, first served basis until all designated funds have been distributed (receipts for expenses will be required and a check will be issued to the agency as a reimbursement).

Employee's Full Name: \_\_\_\_\_ Employee's Hire Date: \_\_\_\_\_

Employee's Race/Ethnicity:    Asian            Black/Afro-Caribbean/African-American            Caucasian/White            Mixed Race

Hispanic/Latino/Spanish            Native American/Alaskan Native            Native Hawaiian/Pacific Islander

Cell Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency Role: \_\_\_\_\_

Licenses held (select all that apply):            Property            Casualty            Life            Accident/Health            Not Yet Licensed

Agency Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_

Email Address of Person Completing Application: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form to: fax 919-882-9881 or email [aknott@iianc.com](mailto:aknott@iianc.com)

**Questions?** Contact Allyson Knott at [aknott@iianc.com](mailto:aknott@iianc.com) or (919)863-6517