

## Independent Insurance Agents & Brokers of King 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.

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### 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 and any industry-recognized continuing education/certification provider (i.e., IIABW, IRM, CPCU, CIC, CISR, etc.). Up to four grants are currently 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.

*When completed print, sign and send the original with attachments to the following address. Please contact the IIABKC Office with questions about this application form.*

IIABKC Professional Development Grants  
23607 Highway 99, Suite 2C  
Edmonds, WA 98026  
Fax 425.771.9588  
Phone 425.778.6162  
E-mail: [dana@iiabkc.org](mailto:dana@iiabkc.org)

# Independent Insurance Agents & Brokers of King County Professional Development Grant Application

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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

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

Yes  No

3. How many insurance producers are in your agency:

4. Present position with insurance agency:

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

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

- Association Board/Committee
- Chapter Officer

6. 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

7. Please provide IIABKC with the reason you require funding for this program:

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8. Explain how this educational program will benefit you as well as your insurance agency:

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9. Tell us about your involvement in the insurance community:

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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: \_\_\_\_\_