

# **Insurance Excellence Fellowship Program**



*Sponsored By:*

**IIAO Insurance Foundation**

# Insurance Excellence Fellowship Application



## FELLOWSHIP PURPOSES

**CIC:** To encourage either the beginning or continuation of a current course of study in the pursuit of the Certified Insurance Counselor designation. To provide waiver of one institute tuition within the next 12 months.

**CISR:** To encourage either the beginning or continuation of a current course of study in the pursuit of the Certified Insurance Service Representative designation. To provide waiver of the participant fee for one course within the next 12 months.

## ELIGIBILITY

### CIC:

- Candidate must be either a licensed agent, broker, or solicitor or have at least two years full-time experience in the insurance industry or be a full-time insurance faculty member of an accredited college or university.
- Candidate demonstrates an interest in and a commitment to professional continuing education.
- Candidate may not now be, nor ever have been, a CIC.

### CISR:

- Candidate is employed as a full-time insurance professional.
- Candidate demonstrates an interest in and a commitment to professional continuing education.
- Candidate may not now be, nor ever have been, a CISR.

## SPONSOR

Applicants must be sponsored by an insurance agent who is a member of the Independent Insurance Agents of Oklahoma. A letter of sponsorship should be included with the application.

## HOW TO APPLY

The application should be filled out in its entirety and the necessary supporting documents should be attached. Incomplete applications or applications without the required attachments will not be accepted.

## APPLICATION DEADLINE

Completed applications and supporting information should be mailed to the IIAO Insurance Foundation at the address listed below. All applications and supporting information must be received by May 1. Funds will be made available after July 1 of each year and must be used by June 30 of the following year. Winners will be notified by July 15.

## **IIAO INSURANCE FOUNDATION**

P.O. Box 13490 • Oklahoma City, OK 73113

Phone: (405) 840-4426 or (800) 324-4426 • Fax: (405) 840-4450



**Applicant Information:**

Fellowship Application for:  CIC  CISR  
Name: \_\_\_\_\_ Designations: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
Have you ever attended a CIC Institute?  Yes  No  
Have you ever attended a CISR class?  Yes  No

**Sponsor Information:**

Sponsoring Agency: \_\_\_\_\_  
Sponsor Name: \_\_\_\_\_

**Work Experience:**

Present Employer: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Insurance Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Education:**

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**Insurance Education:**

Name of Course	Mo/Yr Completed
_____	_____
_____	_____
_____	_____
_____	_____

**What are your proposed college or professional plans?**

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**How will this fellowship and education benefit you in your present position?**

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**What are your goals and objectives as it pertains to the insurance industry?**

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I certify that the foregoing facts are true to the best of my knowledge.

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

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*Send completed application and attachments, by May 1, to:*

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