



**Association
of Insurance
Compliance
Professionals**

Association of Insurance Compliance Professionals Scholarship Program APPLICATION

About the AICP

The Association of Insurance Compliance Professionals (AICP) serves the insurance compliance community by promoting relationships, exchanging information, and providing learning opportunities within a dynamic regulatory environment. The AICP is dedicated to promoting regulatory competence and awareness for the improvement of regulatory compliance within the insurance industry. Additional information can be obtained at <http://www.aicp.net/careercenter/scholarship.cfm> or by calling (703) 234-4074.

Scholarship amount

Up to three (3) \$1,500.00 scholarships may be awarded annually for tuition and fees to an accredited educational institution. **One of the scholarships is named in memory of Rick Guggolz, who passed away unexpectedly in June 2017. Rick served as the AICP Executive Director from 2001 to 2017 and will be missed dearly by many.** Disbursement of scholarships for tuition and fees will be made directly to an accredited educational institution. Scholarships are not renewable; however, a recipient may reapply.

At a minimum:

- a. An undergraduate applicant must be a full-time student, as defined by the accredited educational institution the applicant is attending, and must have completed the first year and one semester of the second year in that educational institution.
- b. A graduate applicant must be taking at least two courses at an accredited educational institution and must have completed four (4) graduate credit courses in his/her chosen program.
- c. The applicant's status must meet the above requirements for the term subsequent to when the scholarship is awarded.
- d. Applicants must have declared his/her major course work to be in the field of Insurance, Actuarial Science, Economics, Finance, Management, Mathematics, Risk Management, Statistics, or a Business-related field.
- e. Applicants must have a cumulative G.P.A. at the time of application of at least 3.00.

Applicants must submit the following information for consideration:

1. A completed application.
2. An official transcript of his/her most recent grades or a copy of his/her latest report card, providing that it shows the cumulative grade point average.
3. A resume noting such items as academic achievements and involvement in scholastic activities, extracurricular activities, and leadership roles.
4. A short narrative describing any current and/or future interest to pursue education/career in the insurance field.
5. A letter of recommendation from a teacher, employer, business or civic leader, or member of the clergy.

The Scholarship Selection Sub-Committee will make their selections of the eligible candidates based upon:

- Grade Point Average;
- Involvement in extra-curricular activities; and,
- Level of educational interest and dedication to the insurance industry.

Individuals (including past recipients of scholarship) may re-apply each year. Incomplete applications and late materials will not be considered. The AICP reserves the right to reject any applicant, at any time, for any reason.

Send completed applications and all supporting documents to the AICP Association Headquarters at the following address **by no later than June 1st**:

ASSOCIATION OF INSURANCE COMPLIANCE PROFESSIONALS
11130 SUNRISE VALLEY DRIVE, SUITE 350
RESTON, VIRGINIA 20191

Scholarship applicants will be notified by **July 16th**. Pending verification of enrollment, payment will be made to the educational institution by **August 6th**.



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Please complete the following (type or print legibly):

Section A

1. Name
Last First Middle Initial

2. Permanent Address
Street Address

City State Zip Code

3. Telephone Number
Daytime Evening

4. E-mail

5. Are you or a relative a current member of the Association of Insurance Compliance Professionals?

Yes No

If a relative is a current member, please list their name, address and phone number:

Last First Middle Initial

Street Address City State Zip Code

Daytime Telephone number Evening Telephone number

Section B

1. What educational institution do you currently attend or plan to attend?

Name			
Street Address	City	State	Zip Code

2. What is your declared major?

<input type="checkbox"/> Insurance	<input type="checkbox"/> Management	<input type="checkbox"/> Mathematics	<i>Please list major</i>
<input type="checkbox"/> Actuarial Science	<input type="checkbox"/> Finance	<input type="checkbox"/> Statistics	
<input type="checkbox"/> Risk Management	<input type="checkbox"/> Economics	<input type="checkbox"/> Business-related	

3. What is your cumulative Grade Point Average? _____ Period Covered: _____

4. When do you expect to complete your degree/certificate? _____

Section C

Please attach

- Your Most recent transcript dated _____
- A letter of recommendation; this includes a reference by (please include the person's name, telephone number and profession):

Name	_____
Telephone	_____
Profession	_____

- A resume noting such items as academic achievements and involvement in scholastic activities, extracurricular activities, and leadership roles.
- A short narrative describing any current and/or future interest to pursue education/career in the insurance field.

Section D

By signing this application, I agree, if asked, to provide information that will verify the accuracy of my application. I understand that if I purposely give false or misleading information, I will be disqualified from consideration. I agree to the use of my name and any information contained within the application for advertising, promotional and publicity purposes without consent or compensation.

Date _____ Signed _____