



Association
of Insurance
Compliance
Professionals

Association of Insurance Compliance Professionals Scholarship Program APPLICATION

APPLICANTS – PLEASE READ THIS SECTION BEFORE PROCEEDING TO ENSURE THAT YOU QUALIFY TO APPLY FOR THIS SCHOLARSHIP.

An applicant must meet all of the following requirements in order to be considered for this scholarship:

- a. Undergraduate applicants must be full-time students, as defined by the accredited educational institution they are attending.
- b. Applicants must have completed the equivalent of at least two (2) years of full-time college course-work, earned fifty percent (50%) of credit hours required for graduation, or have completed an Associate degree from an accredited educational institution.
- c. All applicants, whether undergraduate or post-graduate, 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.
- d. Applicants must have a cumulative G.P.A. of 3.00.

All requirements are subject to verification prior to any scholarship being awarded.

About the AICP

The Association of Insurance Compliance Professionals (AICP) offers the insurance industry exceptional compliance and ethics education, training, and opportunities to engage with industry experts and regulatory authorities. The AICP is dedicated to promoting awareness of and providing solutions for compliance-related issues to improve regulatory compliance within the insurance industry. Additional information can be obtained by visiting our [website](#) or by calling (703) 234-4074.

Scholarship amount

Up to three (3) \$1,500 scholarships may be awarded annually for tuition and fees to an accredited educational institution:

1. Rick Guggolz Memorial Scholarship (1)
2. AICP Insurance Career Advancement Scholarship (2)

Disbursement of scholarships will be made directly to the applicant's accredited educational institution. Scholarships are not renewable; however, a recipient may reapply annually.

Applicants must submit the following information for consideration:

1. Completed application.
2. Official transcript or most recent report card showing the cumulative grade point average.
3. Brief description of additional academic achievements, extracurricular activities, and leadership roles to be considered.
4. Description of current and future efforts to pursue education and/or a career in the insurance field.
5. A letter of recommendation from a teacher, employer, business or civic leader, or member of the clergy directly addressing the applicant's efforts to pursue education and/or a career in the insurance field.



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

- Grade Point Average;
- Involvement in additional academic achievements, extracurricular activities and leadership roles;
- Letter(s) of recommendation; and
- Level of educational interest and dedication to the insurance industry.

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 following address **no later than June 1st**.

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

Scholarship recipients will be notified by **July 15th**.

Pending verification of enrollment, payments will be distributed by **August 15th**.



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Please complete the following (type or print legibly):

Section A – Personal Information

1. **Name:** _____
Last, First, Middle

2. **Physical Address:** _____
Street Address

City, State, ZIP Code

3. **Mailing Address:** _____
(if different from above) Street Address

City, State, ZIP Code

4. **E-mail Address:** _____

5. **Phone Number:** Daytime: _____ Evening: _____

6. 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 and phone number:
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____



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Section B - Education

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"/> Actuarial Science | <input type="checkbox"/> Business |
| <input type="checkbox"/> Economics | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Management |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Statistics | <input type="checkbox"/> Other: _____ |

3. What is your cumulative Grade Point Average: _____

Period Covered: _____

4. How many credit hours does your college require for graduation?
(undergraduate students only) _____

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

Section C - Attachments

Please attach the following:

- Your most recent transcript or most recent report card showing the cumulative grade point average
- Letter(s) of recommendation
- Brief description of additional academic achievements, extracurricular activities, and leadership roles



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Section D – Consent and Signature

I certify that, to the best of my knowledge, all information provided in this application is true and correct.

By signing this application:

- I agree, if asked, to provide information that will verify the accuracy of this application.
- I give consent to AICP, its agents and designees, to verify the information contained in this application and attachments by contact with any individual, government, educational institution or other party.
- I understand that the selection of AICP scholarship recipients is a determination made solely by the AICP organization and that I am in no way legally entitled to any scholarship, award or grant on the basis of this application.
- I further 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 additional consent or compensation.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under the age of 18)

Date