

**NSIPA Annual Seminar First Time Attendee
Scholarship Application Form**

Thank you for your interest in the Annual Seminar First Time Attendee Scholarship. This scholarship provides free event registration and up to \$1,000 for travel reimbursement for a premium auditor who will be attending the NSIPA Annual Seminar for the first time. Please complete the form below to be considered.

Applicant Information

1. **Full Name:** _____
2. **Email Address:** _____
3. **Phone Number:** _____
4. **Employer Name (if applicable):** _____
5. **Job Title:** _____
6. **Years of Experience in Premium Auditing:**
 - Less than 1 year
 - 1–3 years
 - 4–7 years
 - 8+ years

Professional Background

7. **Please describe your current role and responsibilities as a premium auditor.**
(Max 250 words)

8. **What certifications or professional designations do you hold?** (Check all that apply)
 - APA (Accredited Premium Auditor)
 - CIPA (Certified Insurance Premium Auditor)
 - CPCU (Chartered Property Casualty Underwriter)
 - Other (please specify): _____
 - None
9. **Have you attended this conference before?**
 - Yes (Year: _____)
 - No

Scholarship Interest & Impact

10. **Why do you want to attend this conference? How will it benefit your career?**

(Max 300 words)

11. **Describe how attending this conference will contribute to your employer, industry, or professional growth.**

(Max 300 words)

12. **Have you received employer funding for professional development in the past 12 months?**

- Yes (Please specify amount: \$_____)
- No

13. **Do you have any financial limitations that make attending this conference difficult without this scholarship?**

(Optional, max 150 words)

Agreement & Submission

14. If selected, do you agree to:

- Attend all required sessions at the conference
- Provide a brief summary (200–300 words) after the event about what you learned
- Submit all travel receipts for reimbursement (up to \$1,000)

15. Please attach your resume or LinkedIn profile (if applicable).

_(Attach file or provide link: _____)

16. Signature: _____

Date: // _____

Submission Instructions:

Please complete and submit this form along with any required documents by April 7, 2025 to mandy@nsipa.org. You will be notified via email regarding the status of your application.

For questions, contact Mandy Aquilina at mandy@nsipa.org.