

**APPLICATION FOR INSURANCE LEGISLATOR FOUNDATION (ILF) SCHOLARSHIP**

**Please complete the following form to indicate interest in receiving a scholarship**

**2019 Annual Meeting**

Dec. 10-13, Austin, TX

**Apply by: 11/21/19**

Please e-mail (info@ncoil.org) or fax (732-440-3116) to the National Office at your earliest convenience, as funds are limited. The scholarship is offered by the Insurance Legislators Foundation—the 501(c)(3) educational arm of NCOIL—and covers reasonable travel, hotel, and meal expenses up to \$1175.00 plus registration.

APPLICANT NAME: \_\_\_\_\_

LEGISLATIVE TITLE/STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT NUMBERS: (office) \_\_\_\_\_ (cell) \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Does your state reimburse for policy based conferences?                   | Yes | No |
| 2. Does your state permit the use of campaign funds for policy based travel? | Yes | No |
| 3. Are there extenuating circumstances you would like to make us aware of?   | Yes | No |
- If yes, please explain \_\_\_\_\_

\_\_\_\_\_

***I AM UNAVAILABLE, BUT DESIGNATE:***

DESIGNEE NAME: \_\_\_\_\_

LEGISLATIVE TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

***\*Legislators are eligible for two scholarships to attend NCOIL meetings.***