APPLICATION FOR INSURANCE LEGISLATOR FOUNDATION (ILF) SCHOLARSHIP

Please complete the following form to indicate interest in receiving a scholarship						
Spring Meeting		Summer Meeting	Annual I	Annual Meeting		
April 15 – 18, Charleston, SC July 14 – 17, Boston, MA November 17- 20, Scottsdale, A Apply by: 3/15/21 Apply by: 6/14/21 Apply by: 10/17/21					ale, AZ	
as funds are limited. Th	ne scholarship i DIL—and covers	732-440-3116) to the Nation s offered by the Insurance I s reasonable travel, hotel, a	Legislators Found and meal expense	lation—the !	501(c)(3)	
APPLICANT NAME:						
LEGISLATIVE TITLE/STAT	E:					
ADDRESS:						
CONTACT NAME:						
CONTACT NUMBERS: (o	ffice)		(cell)			
CONTACT E-MAIL:						
1. Does your state	Yes	Yes No				
2. Does your state	permit the use o	of campaign funds for policy	based travel?	Yes	No	
3. Are there extenuating circumstances you would like to make us aware of? Yes If yes, please explain					No	
I DESIGNATE (to be com	pleted only if th	is application is not for the l	legislator complet	ting it):		
DESIGNEE NAME:						
LEGISLATIVE TITLE:						
CONTACT E-MAIL:						
DATE:	SIGNATURE:			_		

*Legislators are eligible for two scholarships to attend NCOIL meetings; legislative staff are eligible for one.