

# APPLICATION FOR INSURANCE LEGISLATORS FOUNDATION (ILF) SCHOLARSHIP

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

<b>Spring Meeting</b>	<b>Summer Meeting</b>	<b>Annual Meeting</b>
<input type="checkbox"/> March 9-12, San Diego, CA <b>Apply by: 2/9/23</b>	<input type="checkbox"/> July 19 - 22, Minneapolis, MN <b>Apply by: 6/19/23</b>	<input type="checkbox"/> November 15- 18, Columbus, OH <b>Apply by: 10/15/23</b>

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—an independent 501(c)(3) organization separate from NCOIL but committed to its growth—and covers reasonable travel, hotel, and meal expenses up to \$1175.00 plus registration. Scholarships require attendance at a minimum of four committee meetings/general sessions throughout the duration of the conference.

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Alternate Contact (If Applicable):**

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

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

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

\_\_\_\_\_

Phone Number: (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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

**\*Recipients are eligible for two scholarships to attend NCOIL meetings**