

# APPLICATION FOR INSURANCE LEGISLATORS FOUNDATION (ILF) SCHOLARSHIP

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

**Spring Meeting**  
April 16-19, Louisville, KY

**Summer Meeting**  
July 15-18, Boston, MA

**Annual Meeting**  
November 19-22, Sanibel, FL

Please e-mail ([info@ncoil.org](mailto: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 the Meeting registration fee as well as up to \$1,500 in reasonable travel, hotel, and meal expenses. Scholarships require attendance at a minimum of four committee meetings/general sessions throughout 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:** \_\_\_\_\_