

Darrell L Bjornson Professional Development Scholarship

Scholarship Application

Purpose: This scholarship is designed to help defray professional development costs for our agency members. Applicants must be an employee or owner of an IIAM member agency. Submission deadline is 45 days prior to the program start date.

Name: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Program: _____

Program date: _____ Program Sponsor _____

Total Amount Requested: _____

1. How many years have you been in the insurance industry? _____

2. Will you complete the program if you do not receive this scholarship award? ____ Yes ____ No

3. Present position with insurance agency: _____

4. Please provide us with the reason you require funding for this program:

5. Please provide a short biography. (You may attach as a separate page.)

6. Explain how this professional development program will benefit you as well as your agency.

7. Have you applied for this scholarship before? _____ Yes _____ No

If yes, when did you apply? _____

If you were awarded the scholarship, how much did you receive? _____

Return this application along with a **minimum of one industry reference** at least 45 days prior to the program date.

Mail application to: MIEF
Attn: Scholarship Committee
3131 Dredge Drive
Helena MT 59602

You can also fax your application to (406) 442-8263 or email it to education@iiamt.org.

If you have any questions please call (406) 442-9555 extension 106.