

**NIAA MEMORIAL CLAIMS SCHOLARSHIP**  
*In Honor Of David L. King, RPA*

Applicant's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

List your Title, Job Duties and Responsibilities: \_\_\_\_\_

Are you a member of the NIAA?  Yes  No

Length of full time service in the insurance industry: \_\_\_\_\_

How long have you been employed at your current employer? \_\_\_\_\_

Will your employer pay for your cost if you do not receive this Scholarship?

Are you self-employed or have financial interest in the company you work  
for?  Yes  No

List any volunteer positions you have had with the NIAA or other insurance  
organizations: \_\_\_\_\_

List any awards or recognition received from the NIAA or any other organizations:

List any professional designations (include month and year earned): \_\_\_\_\_

List the last three schools or seminars that you have attended relating to insurance:

In your own words (attach a separate sheet) tell why you should receive this scholarship and what you intend to use it for. Please include the estimated cost including your travel cost.

**This application must be postmarked by May 15th, and mailed to:**

**NIAA Scholarship Committee**  
**PO Box 1774      Rockford IL 61110**