President's CPCU Scholarship Application



Please complete the application below to nominate the top performer(s) within your organization. Your organization determines the specific requirements for selecting up to two nominees. A few guidelines are in place to help ensure that your nominees are successful.

Your candidates must:

- 1. Be nominated by the president, CEO, or senior executive of an organization with a minimum of 5 employees.
- 2. Be nominated by a company whose practices are primarily in the property-casualty insurance field.
- 3. Be considered high performers based on recent reviews.
- 4. Be targeted for advancement.

5. Agree to complete the CPCU program within three years of being awarded the scholarship.

General Information:

| Name: | | | Date: | _ |
|------------------------------------|---|------------------|-------------|---|
| (Last) | (First) | (MI) | | |
| Current Address: | | | | |
| City: | | State: | Zip Code: | |
| Email Address: | | Phone Num | ber: | |
| Permanent Address: | | | | _ |
| City: | | State: | Zip Code: | |
| Date of Birth: | | | | |
| Employment Information: | | | | |
| Company/Division: | | | | _ |
| Business Address: | | | | |
| | | | | |
| Title: | | Years w/ Compa | ny: | |
| Job Responsibilities: | | | | |
| Supervisor: | Supervis | or's Email: | | |
| Supervisor's Address, if Different | : | | | |
| City: | | State: | Zip Code: | |
| HR Contact: | HR | Contact's Email: | | |
| Nominator's Signature: | lidate listed above qualifies for the F | | Date: | |
| | | | | |
| (| , | First) | (MI) | |
| | | | | |
| City: | | _ State: | _ Zip Code: | |
| | | | | |

Please complete this application and mail to: The Institutes, Attn: President's CPCU Scholarship, 720 Providence Road, Suite 100, Malvern, PA 19355-3433. You may also email it to Scholarship@TheInstitutes.org.