



# New England 1752 Club

## EDWARD B. CAULKINS SCHOLARSHIP



### Scholarship Application for Certified Insurance Service Representative (CISR)

This application can also be completed at [www.NE1752Club.org](http://www.NE1752Club.org)

Scholarship eligibility criteria include:

1. Applicant does not presently hold the CISR designation; and
2. Applicant intends to pursue a career in insurance; and
3. Applicant has at least one year of experience in the insurance industry.
4. Applicant is not an agency owner or principal.

Name of Applicant: \_\_\_\_\_

Name of Employer Agency / Company: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Recommended By: \_\_\_\_\_

Name of employer or other insurance industry personnel

Previous Insurance Education: (Please list all previous insurance or business related courses.)

\_\_\_\_\_  
\_\_\_\_\_

Are you a licensed producer?  Yes  No Are you employed in the insurance industry?  Yes  No

Position / Duties in present employment: \_\_\_\_\_

Length of time employed in present position: \_\_\_\_\_

Other insurance experience: \_\_\_\_\_

What motivated you to seek this scholarship?

\_\_\_\_\_  
\_\_\_\_\_

#### CISR SCHOLARSHIP CONDITIONS

1. The scholarship recipient will be notified by phone or mail.
2. The scholarship recipients will be formally recognized at the September meeting of the N.E.1752 Club.
3. The scholarship will pay for the cost of one CISR session.
4. The scholarship recipient will be required to submit a completed course application to the Club Treasurer who will forward same to the Massachusetts Association of Insurance Agents (MAIA) with appropriate payment.
5. The scholarship must be used by December 31<sup>st</sup> of the year following its being awarded.

**By signing this form and submitting it to the New England 1752 Club, I hereby attest that I have made a commitment to further my education and I fully intend to complete the series of courses leading to the CISR designation.**

APPLICATION DEADLINE IS JULY 1, 2017

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature of Supervisor / Employer

RETURN THIS APPLICATION TO: [ernadeau@aeiginsurance.com](mailto:ernadeau@aeiginsurance.com)