



CITIES INSURANCE ASSOCIATION OF WASHINGTON
Application for Loss Control Scholarship Funding

Applications will be considered by degree to which risk may be reduced, by order of date received, and within the scholarship funds available.

Last Name: _____

First Name: _____

Member Entity: _____

Your Title: _____

Part Time ☐ Full Time ☐

Mailing Address: _____

Email: _____ Phone: _____

Primary Duties:

REQUEST FOR ASSISTANCE BELOW

Education
Type: _____

Location: _____

Date: _____

Sponsored By: _____

Describe reason
or need for
scholarship
funds and how it
will reduce
claims or liability:
(use separate
sheet, if needed)

Scholarship are awarded for trainings related directly to improving the members risk related knowledge and improving overall safety of the member's organization.

Amount You are Requesting:

Training total:	\$ _____
Member matching funds:	\$ _____
Funds from other sources:	\$ _____
Other (<i>Describe below</i>):	\$ _____

TRAINING TOTAL:

\$

Please see scholarship guidelines for required attachments to this request.

I hereby apply for scholarship funds for training:

and attest that the information submitted in and with the application is true and accurate to the best of my knowledge.

Signature of Applicant

Date

I hereby support scholarship requested funds for applicant for training:

Please feel free to attach a more detailed letter of support and submit that with the application. If you are unable to obtain a letter, a signature from management of support will suffice.

Signature of Management

Date

Please submit this application to:



Cities Insurance Association of Washington
Board of Directors
159 Basin Street SW PMB #206
Ephrata, WA 98823
(800) 407-2027 ext 4014
msherwood@chooseclear.com