

**Registration Form
Scholarship Opportunities
Michigan Professional Insurance Agents**

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus. Phone: _____ Fax: _____

Employer and or Agency Name: _____

Employer Address: _____ City: _____ State/Zip: _____

- Is your Employer/Agency a paid member of (PIA), The Professional Insurance Agents of Michigan: yes _____ no _____

Class to be taken: CPCU # _____, INS _____, ARM _____, AIC _____
Other Course Proposed _____

Location of Class _____ Self Study _____

Cost of Class \$ _____ Cost of Material & Testing \$ _____

Name of Instructor _____

Please use the space below to write a one-paragraph description of yourself and your future goal to utilize this education.

Please submit any additional resume information, photos for future newsletter use and any supporting documentation for the scholarship review committee in their review of your application.

Michigan PIA, 4550 Cascade Rd SE #205B, Grand Rapids, MI 49546. Phone 800-836-8842 or 616-454-4461. Fax number is 616-454-4491. www.mipia.com