

**Scholarship Opportunities Registration Form  
Michigan Professional Insurance Agents (MIPIA)**



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.

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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, 385 Summit Drive, Waterford, MI 48328. Phone 1-800-836-8842 or 616-454-4461. Fax number is 616-454-4491. [www.mipia.com](http://www.mipia.com)