CALIFORNIA COUNCIL YOUNG NEW PROFESSIONAL OF THE YEAR APPLICATION

Awards are for the IAIP Fiscal Year 7/01 - 6/30 of the Respective Award Year.

CANDIDATE INFORMATION				
Name				
Mailing Address				
Email			Phone	
Local Association		R	Region	
☐ Member at Large				
Continuous Months IAIP	Con	tinuous Mont	hs in Industry	
Year of Birth				
SECTION 1				
LEADERSHIP				
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IAIP Offices & Committees List each elected office, committee			hip position held	with dates of
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SECTION 2 EDUCATION

IAIP Education

List specific titles and dates of any IAIP course that you have completed.

Title of Program	Date(s)

Industry Education

List program name, date, duration and sponsoring organization of each insurance and/or field-specific education program (of at least two hours length) that you have attended.

Title of Program	Date(s)	Length of Course	Sponsoring Organization

Degrees & Designations

List any degrees or designations that you have earned or working towards earning. There is no time restriction so **list all that apply**.

Degree or Designation	Date Earned or Anticipated Completion Date	Institution/Sponsoring Organization

SECTION 3

COMMUNITY SERVICE/OTHER ACHIEVEMENTS

List any Community Service programs, other activities, achievements, or associations you have participated in that you feel reflect your dedication to IAIP and the insurance industry.

SECTION 4

Signature of Candidate

ESSAY

Essay not to exceed 200 words based on **one** of the following topics:

Where do you see IAIP going and what role would you like to play in one of the following

time to play the time to the time to play in one or time to me
areas:
 Networking outside the workplace
 Community Service
o Education
I certify that the above statements are true and are made in full compliance with the IAIP Code of Ethics.

Date