



Massachusetts Association of Insurance Women, Inc.

*You know someone who belongs.*

2020 MAIW Estelle Jeter Memorial Scholarship Application

Application Submission Deadline: 4/1/2020

Applicant's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

E Mail \_\_\_\_\_ Chapter \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Position of Employment \_\_\_\_\_

1) Number of years in the insurance industry:

Number of years as a member of MAIW:

2) List MAIW activities (including offices held, committees served, etc.)

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3) Education: List Designations, Licenses, Degrees Held

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List or describe courses/programs completed in the past (5) years. Attach a separate sheet if necessary.

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4) Briefly describe the course/program for which this scholarship will be used.

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5) Career goals: Briefly describe your short term and long-term career goals.

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6) How will this course/program help meet your objectives?

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7) List any community service you have performed.

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8) Employment History:

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9) Letter (s) of Recommendation-Optional

Feel free to share letter(s) of recommendation from employers, co-workers. Not Required.

**CERTIFICATION & SIGNATURE:**

I certify that all information provided on this form and supporting material is true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:**

The fully completed & signed application can be mailed or e-mailed to:

MAIW Scholarship, Attn: Kristin Camarra JD, CPIW

P.O. Box 201

Canton, MA 02021

Phone: 781-702-0573

Email: [kristincamarra@gmail.com](mailto:kristincamarra@gmail.com)

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