



954-680-5601 iiabc@iiabc.com www.iiabc.com

INVEST SCHOLARSHIP APPLICATION

Description:

InVEST is committed to the industry and continuing education. Each year Independent Insurance Agents of Broward County (IIABC) offers InVEST scholarships to high school seniors currently participating in IIABC's InVEST program in Broward County. Higher Education scholarship funds are paid directly to the college. Classroom to Career scholarship funds (for students looking for funds to assist with licensing/designation expenses) are reimbursed to the student upon IIABC's receipt of licensing/designation class registration and payment.

Requirements:

Must be an IIABC InVEST high school senior attending college after graduation (Higher Education) or seeking scholarship funds to assist with licensing or designation fees (Classroom to Career). Any scholarship awarded must be claimed by August 15th of the year your scholarship is awarded. Scholarships are only awarded once to students and winners cannot re-apply.

Higher education scholarship recipients must submit name of college, address of financial aid office, and student identification number to <u>iiabc@iiabc.com</u> no later than August 15, 2026 or scholarship award is forfeited.

Classroom to career scholarship recipients must submit paid receipts for insurance licensing or designation fees no later than August 15, 2026 or scholarship award is forfeited.

The following attachments must be emailed to iiabc@iiabc.com to be considered for scholarship. All items must be received by the deadline or the application will be disqualified:

- 1. IIABC InVEST Scholarship Application.
- 2. Write a 500-word essay on what you gained from the InVEST program, the career you aspire to pursue, and any extracurricular activities that support your goals or personal growth.
- 3. Copy of current school transcript, including GPA and service hours.
- 4. Two letters of recommendation from teachers, counselors, mentors, etc.

<u>Application Deadline:</u> April 1, 2026. All required documents must be submitted via email by the application deadline; otherwise, the application will be disqualified.

<u>Deadline to Claim Scholarship Funds:</u> Any scholarship awarded must be claimed by August 15th of the year your scholarship is awarded, or scholarship is forfeited. If awarded, the IIABC scholarship funds will be sent directly to the college. The full name and address of the college, along with the student identification number, must be emailed to iiabc@iiabc.com by August 15, 2026. Failure to provide this information by the deadline will result in forfeiture of the scholarship.

<u>IIABC Contact:</u> Karen Fassbach, Executive Director (954) 680-5601 or Email <u>iiabc@iiabc.com</u>.

Signature of applicant:				
Signature of guardian (if student is under 18):				
	Date Signed:			

INVEST SCHOLARSHIP APPLICATION CONTINUED

Read carefully! Please fill out the entire application and return all mandatory attachments by the deadline:

Please answer the following quest \square Yes \square No Are you attending col			
☐ Yes ☐ No Are you searching fo attending college?	r funds to assist with insura	nce licensing and/or de	esignation courses and NOT
 Any scholarship awarded must be e Scholarships are a one-time av If awarded, the IIABC scholars college, along with the student Failure to provide this information 	ward; recipients are not eligi ship funds will be sent direct t identification number, mus	ble to re-apply. Itly to the college. The the state of the college. The state of the college is the college.	full name and address of the abc.com by August 15, 2026.
Student Name:		<u>High School Name:</u>	
Student Address:		<u>Graduation Year:</u>	
Student Email:		<u>GPA:</u>	
InVEST Teacher Name:		<u>Total Service Hours:</u>	
I <u>nVEST Teacher Email:</u>		College you will attend:	
Deadline to Claim Scholarship Fu your scholarship is awarded, or so identification number must be em IIABC Contact: Karen Fassbach, Ex	holarship is forfeited. Comp ailed to iiabc@iiabc.com by	lete name of college, ad August 15, 2026 or schol	dress of college, and student arship is forfeited.
To be eligible for the Independent have reviewed, understood, and acacknowledge that this scholarship InVEST scholarships. By signing below, I authorize Indep	ecepted the requirements ar is exclusively for Broward C	nd deadlines for claiming County and is separate fi	g scholarship funds. I rom State and national
and/or license, in whole or in part permission for the use of my name scholarship program.	t, the essay I submitted for t	he College Scholarship I	Program. I also grant
Signature of app	licant:		
Signature of gua	ordian (if student is und	er 18):	
	Date Signed:		