



# SOCIETY OF FINANCIAL EXAMINERS<sup>SM</sup>

## 2019 SOFE CDS Scholarship Application-Due May 6, 2019

To qualify for a scholarship to SOFE’s Career Development Seminar (CDS), the applicant must be an insurance regulator employed directly by a US state, US territory, or federal government agency (i.e. contract examiners are not eligible). Applicants must be a member of SOFE in good standing. Evidence that your employer will not pay the CDS registration fees must be provided, see **Supervisor’s Verification** section below. Scholarships are granted for the cost of CDS registration fees only. Travel and hotel expenses are the responsibility of the applicant. Should there be more applicants than can be accommodated based on scholarship funding, prioritization will be given by the Scholarship Committee to: SOFE membership status, SOFE designations held, and first-time attendee status. All scholarship notifications will be sent simultaneously on or by May 15, 2019. **Applicants are required to wait for notice on the results of the scholarship application before registering for the conference.** Those approved for scholarships must register for the conference by **June 23, 2019** or forfeit the scholarship. **APPLICATIONS ARE DUE BY May 6, 2019.**

ALL FIELDS BELOW MUST BE COMPLETED. PLEASE PRINT:

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Dept./Agency \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

First Time CDS Attendee? (Yes or No) \_\_\_\_\_ Your SOFE Designation(s): \_\_\_\_\_

**Supervisor’s Verification:** This section must be completed by the person in charge of the state or federal agency or his/her designee:

**I have reviewed this scholarship application and attest that this agency has not budgeted for nor otherwise would have paid for 2019 SOFE CDS registration fees, and that the examiner can apply for these scholarship funds. I also understand that the scholarship funds apply only to the registration fees and that travel and hotel expenses are the responsibility of the applicant.**

\_\_\_\_\_  
(Print Supervisor’s Name) (Title)

\_\_\_\_\_  
(Supervisor’s Signature) (Date)

\_\_\_\_\_  
(Agency)

**Applicant’s Signature: I affirm that the information provided on this application is true and correct.**

\_\_\_\_\_  
(Applicant’s Signature) (Date)

**TO SUBMIT APPLICATION:** Scan the completed individual application and name the file with the applicant’s last name. Do not include more than one application in the same scan file. Email the application with “Scholarship” in the subject line to [cindy@mservinc.com](mailto:cindy@mservinc.com) . **Each applicant is to email his or her own application.** Applications are due by **May 6, 2019,** and in electronic format *only.* Do not mail or fax.