

Please complete the following. Print clearly.

SECTION A

Last name

First name

Middle initial

Street address

City

State

ZIP

()

Best time to reach you: day evening

Phone

E-mail address

SECTION B

Please attach:

- Three letters of reference (from teachers, employers, clergy or community service/volunteer supervisors)
- Essay (500 words) illustrating the student's interest in pursuing a career in the insurance industry
- Résumé
- Latest high school or college transcript

SECTION C

By signing this application, I agree, if asked, to provide information that will verify the accuracy of my application. I understand that if I purposely give false or misleading information, I will be disqualified from consideration. I agree to the use of my name and any information contained within the application for advertising, promotional and publicity purposes without consent or compensation.

Signature

Date

Note to applicant:

Please submit **five copies** of the completed application, together with the required attachments, to the following address:

Professional Insurance Wholesalers Association of New York State Inc.

25 Chamberlain St.

P.O. Box 997

Glenmont, NY 12077-0997

Applications must be received at PIWA's office by Sept. 1 to be considered.