

# NABIP-MA YOUNG PROFESSIONALS SCHOLARSHIP PROGRAM

The NABIP-MA Young Professionals Scholarship is designed to support emerging insurance professionals under the age of 40 or with less than seven years of industry experience. The scholarship provides financial assistance to help pay annual membership dues. By easing the financial burden, this initiative fosters growth, networking, and opportunities that will drive long-term success in the insurance industry.

## Award Detail:

- **Coverage of Dues** - Each Scholarship will cover a portion of one year of State and National dues. The cost of membership for 2026 is \$536. NABIP-MA will pay 75% (\$402) of membership for first year scholarship recipients, 50% (\$268) for second year recipients, and 25% (\$134) for third year recipients. The Recipient will pay NABIP-MA directly for their portion of dues that are not covered by the scholarship. NABIP-MA coordinates membership activation and payment with NABIP.
- **Number of Awards** - The number of scholarships awarded each year will be determined by the Board of Directors and dictated by the budget.
- **Renewability** - This scholarship is renewable for up to two additional years for each recipient. The recipient would need to apply each year.

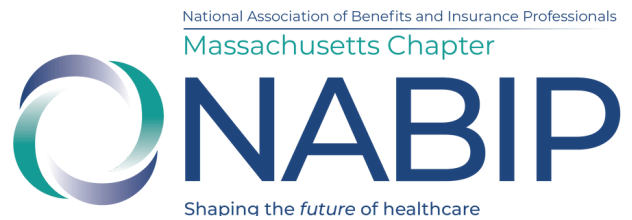
## Eligibility & Application Deadline:

All applicants must be under the age of 40 OR have less than 7 years of experience in the insurance industry, be currently employed in the insurance industry, and be a NEW member to NABIP-MA. The application period runs from January 1, 2026, to March 1, 2026.

**Recipients will be announced by April 1, 2026.**

**If interested, please complete the attached application and submit it with a current resume by the deadline to [info@nabip-ma.org](mailto:info@nabip-ma.org). Don't miss this opportunity to invest in your future and take the next step in your professional journey!**

# NABIP-MA YOUNG PROFESSIONALS SCHOLARSHIP PROGRAM APPLICATION FORM



## Personal Information:

Full Name:		Date of Birth:	
Phone Number:		Email Address:	
Home Address:			Use as primary mailing address <input type="checkbox"/>
City:	State:	Zip Code:	

## Company Information:

Company Name:			
Title:		Designation:	
Work Address:			Use as primary mailing address <input type="checkbox"/>
City:	State:	Zip Code:	

## Please mark the box or boxes for the areas of your practice:

<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Disability	<input type="checkbox"/> Managed Care	<input type="checkbox"/> TPA
<input type="checkbox"/> Large Group	<input type="checkbox"/> Small Group	<input type="checkbox"/> Worksite Marketing	<input type="checkbox"/> Individual Plan
<input type="checkbox"/> Medicare	<input type="checkbox"/> Dental	<input type="checkbox"/> Retirement	<input type="checkbox"/> Self-Insured

## Eligibility Criteria:

### Age/Experience:

☐ I am under the age of 40 OR have less than 7 years of experience in the Insurance Industry.

### Financial Need:

☐ I do **not** have financial support from my employer to pay membership dues.

☐ I do have financial support from my employer to pay membership dues.

### Employment Status:

☐ I am currently employed in the Insurance Industry.

### First-Year Scholarship - New NABIP-MA Members ONLY:

☐ I am not currently a member of NABIP-MA but would like to join.

### Brokers and/or Consultants may apply - I am a:

☐ Broker

☐ Consultant

### Commitment:

☐ I understand I am encouraged to participate in at least two association events per year including Benefest in June.

**Application Period: January 1, 2026 - March 1, 2026**

**Please submit a completed application and current resume to [info@nabip-ma.org](mailto:info@nabip-ma.org)**