



*Northeastern New York Chapter  
Chartered Property Casualty Underwriters  
P. O. Box 14793, Albany, NY 12212-4793*

**Application for Consideration as a Recipient of**

**THE JAMES LICHTEL MEMORIAL \$250.00 SCHOLARSHIP FOR CPCU**

(PLEASE PRINT CLEARLY OR TYPE INFORMATION)

**Applicant's FULL name:** \_\_\_\_\_

**Home Address: Street** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City/Town/Village** \_\_\_\_\_ **County** \_\_\_\_\_

**Mailing Address (if different from above)**

\_\_\_\_\_

\_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Years of Insurance Experience:** \_\_\_\_\_ **Primary Area of Work:** \_\_\_\_\_

**Licenses Presently Held:** \_\_\_\_\_

**Professional Designations/Degrees Held:** \_\_\_\_\_

\_\_\_\_\_

**Organizations/Clubs Membership:** \_\_\_\_\_

\_\_\_\_\_

**My Reason(s) for applying for this award:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What Does Being A CPCU Mean to Me:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CPCU Course that scholarship will be applied to:** CPCU \_\_\_\_\_

**Does your employer reimburse you for CPCU books?** Yes \_\_\_ No \_\_\_

**Does your employer reimburse you for CPCU exam fee?** Yes \_\_\_ No \_\_\_

**Does your employer reimburse you for other CPCU study material, i.e. class study program, Smart Study Aids, etc?** Yes \_\_\_ No \_\_\_

*I hereby declare that the information provided is to the best of my knowledge and that, if selected as a recipient of this award, I will use its proceeds for costs related to CPCU course indicated on this application (including, but not limited to enrollment fees, study materials, and exam fees).*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Date

**ADDITIONAL INFORMATION I WISH TO PROVIDE, FOR CONSIDERATION:**  
(attach additional pages, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NORTHEASTERN NEW YORK CHAPTER CPCU SOCIETY**  
**Chartered Property Casualty Underwriters**  
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