

**Bonnie Ottino  
Education Memorial Award  
COVER SHEET**

Applicant's Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Title/Position in Agency: \_\_\_\_\_

Years in Current Position: \_\_\_\_\_

Years at Agency: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**If you are not an agency principal, please have your supervisor sign below.**

\_\_\_\_\_  
Signature of Agency Principal

\_\_\_\_\_  
Date

**If you have questions call Barbara Hill at 925-381-9294**

**Please email, fax or mail completed cover sheet and application form to:**

**Email:** Barbara Hill [bahill48@sbcglobal.net](mailto:bahill48@sbcglobal.net)

**Fax: 925-680-1420**

**Mail:**

**IIAACCC - Bonnie Ottino Scholarship**  
***Independent Insurance Agents Association***  
**Of Contra Costa County**  
**P.O. Box 796**  
**Clayton, CA 94517**

**Bonnie Ottino Education  
Memorial Award  
APPLICATION FORM**  
Deadline for Entries – August 1, 2009

**Please answer all questions (1 – 6) as completely as possible. Feel free to  
attach additional pages if necessary.**

- 1) Briefly describe your current job responsibilities and your insurance background.
  
  
  
  
  
  
  
  
  
  
- 2) What course or seminar do you plan to attend if you are the award winner?
  
  
  
  
  
  
  
  
  
  
- 3) How will that course benefit your career?
  
  
  
  
  
  
  
  
  
  
- 4) Describe your activities with IIAACCC or other trade groups within the insurance industry, including office(s) held.
  
  
  
  
  
  
  
  
  
  
- 5) Have you ever done any type of volunteer work for your community as an insurance professional? Describe.
  
  
  
  
  
  
  
  
  
  
- 6) If you were selected to receive the Bonnie Ottino Education Memorial Award, would you be willing to share your experience with fellow insurance professionals by writing an article to be used on/in IIAACCC website or newsletter?