



DISTRICTS MUTUAL INSURANCE  
& RISK MANAGEMENT SERVICES

## 2019 URMIA CONFERENCE STIPEND APPLICATION FORM

**Must be received by DMI no later than March 15, 2019**

**One Risk Manager Application Per College May be Submitted**

### APPLICANT INFORMATION

Date

Full Name

Title

College

Email

Phone

**Describe your involvement in your College's Risk Management Program.**

**Describe the benefits of URMIA Conference attendance to your college.**

**Describe the benefits of URMIA Conference attendance to your risk management role at the college.**

<b>Has applicant attended an URMIA Annual Conference in the past?</b>	<b>YES</b>	<b>NO</b>	<b>If YES, when?</b>
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<b>If awarded stipend, does applicant have approval for out of state travel?</b>	<b>YES</b>	<b>NO</b>
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**Provide additional information here that may help with the selection process.**

**Provide contact information for applicant's direct supervisor:**

**Full Name**

**Title**

**Email**

**Phone**

**Fill in and save this form to your computer desktop.  
Then send the submission to  
suzette@districtsmutualinsurance.com**