

APPLICATION FOR RENEWAL OF ACTUARIAL SCIENCE SCHOLARSHIP

**Applicant must be an Actuarial Science Major, who is a U.S. Citizen or Permanent Resident.
Scholarship is renewable only once. Student must be enrolled full-time to receive a scholarship.**

MINIMUM GPA OF 3.5 IS REQUIRED.

AMOUNT OF SCHOLARSHIP: \$500 (or more, as available funds permit) per semester for one (1) year

**PLEASE SUBMIT THE FOLLOWING WITH YOUR COMPLETED APPLICATION FORM TO CBA 210
BY FEBRUARY 15:**

1. College Transcripts
2. Proof of SOA examinations passed

NAME _____

Last

First

Middle

EMAIL ADDRESS _____

STUDENT ID # _____

APPLICATION FOR SCHOLARSHIP FOR ACADEMIC YEAR 20_____ - 20_____

CLASS STANDING (as of Fall Semester of the year of the Scholarship):

Based on credit hours earned: FRESHMAN SOPHOMORE JUNIOR SENIOR

Based on years attended: FRESHMAN SOPHOMORE JUNIOR SENIOR 5TH YEAR

ANTICIPATED GRADUATION DATE _____

LOCAL ADDRESS:

STREET _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ - _____

PERMANENT ADDRESS:

STREET _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ - _____

ARE YOU A: (circle one) U.S. CITIZEN PERMANENT RESIDENT

HIGH SCHOOL(S) ATTENDED IN SENIOR YEAR:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

GRADUATION DATE _____ CLASS RANK _____ OUT OF _____

**IF YOU HAVE LESS THAN ONE FULL YEAR OF COLLEGE COURSE WORK ON YOUR TRANSCRIPT,
PLEASE SUBMIT SCORES OF ANY TESTS YOU THINK ARE SIGNIFICANT (Please attach a copy of document
notifying you of your score)**

SAT _____ ACT _____ OTHER _____

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COLLEGE INFORMATION:

UNDERGRADUATE GPA _____ (most recent cumulative) (Please attach a copy of your transcript)

ACTUARIAL SCIENCE COURSES PASSED

Course	Year	Grade	Course	Year	Grade
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

ACTUARIAL SCIENCE COURSES TAKING IN CURRENT SEMESTER

Course	Year	Grade	Course	Year	Grade
_____			_____		
_____			_____		
_____			_____		
_____			_____		

CIRCLE CAS/SOA PROFESSIONAL DESIGNATION REQUIREMENTS FOR WHICH YOU HAVE SATISFIED THE REQUIREMENTS TO RECEIVE CREDIT:

EXAM P EXAM FM EXAM MFE EXAM C SOA EXAM MLC CAS EXAM S

Other: _____

VEE: Economics Corporate Finance Applied Statistics

ACTUARIAL INTERNSHIP(S): _____

I certify that the above information is true and correct to the best of my knowledge. I understand the conditions under which this scholarship is offered.

SIGNATURE _____ DATE _____

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STATEMENT OF CAREER GOALS: (Please type)

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Please type the following information:

1. University Honors and Awards received:

2. Organizations, Activities and Interests:

3. Academic Accomplishments:

4. How would you benefit from this scholarship?

5. Other information: