



**ACTUARIAL SCIENCE SCHOLARSHIP
APPLICATION FORM**

PERSONAL DATA

Name in full: _____
(Surname) (Others)

Mailing address: _____

Postal Code _____ Town _____

Telephone _____ Cell _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Gender: _____

Course Applied for: _____

EDUCATIONAL DETAILS (List all schools/universities attended beginning with the most recent)

School/University	Dates attended	Qualifications

List recognitions/awards for academic achievement (s) received (if any)

_____ Have you ever received any other scholarship your school/college?

Scholarship	Year Received	Amount awarded

ACTUARIAL PROFESSIONAL EXAMINATIONS SCORES (where applicable)

Please indicate examinations written, dates taken and scores.

Course Number	Date Taken	Score

Do you have any dependants? _____. If yes, who will support them if you are offered a scholarship? _____

APPLICATION CHECKLIST (This application is valid only when you have submitted ALL the following items together with the application form in ONE envelope. **The same should be received by 3rd May 2019**)

1. Application form, completed and signed
2. Copies of National identification card, result slips/transcripts, birth certificate, academic certificates and school leaving certificate

CERTIFICATION

I acknowledge that I have read the eligibility requirements and that all the information provided in support of this application is true. If requested, I am willing to submit proof of the same. Failure to do so shall invalidate this application and may result in termination of scholarship.

Signature of applicant: _____ Date _____

SUBMIT TO:

Please send your application to:

The Chief Executive Officer
Insurance Regulatory Authority
P.O.Box 43505-00100

NAIROBI