

**ACTUARIAL SCIENCE SCHOLARSHIP**

**2024/2025 APPLICATION FORM**

**PERSONAL DATA**

Name in full:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Surname) (Others)

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Scholarship** | **Year Received** | **Amount awarded** |
| --- | --- | --- |
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**ACTUARIAL PROFESSIONAL EXAMINATIONS SCORES (where applicable)**

Please indicate examinations written, dates taken and scores:

| **Course Number** | **Date Taken** | **Score** |
| --- | --- | --- |
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Do you have any dependents? \_\_\_\_\_\_\_\_\_\_. 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 28th March 2024.**

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:

**Commissioner of Insurance & Chief Executive Officer**

**Insurance Regulatory Authority**

**P.O. Box 43505-00100**

**NAIROBI**