ACTUARIAL SCIENCE SCHOLARSHIP

2025/2026 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

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

_____

_____

_____

_____

_____Have you ever received any other scholarship from your school/college? If yes, please provide information in the table below:

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 28th February 2025.**

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