

Actuary of Tomorrow

Stuart A. Robertson Memorial Scholarship

2010 APPLICATION FORM

PERSONAL DATA *(Please print or type all information)*

Student Last Name First Name Middle Initial

Street Address (permanent mailing address)

City State Zip

Phone Number E-mail

School ID Number

EDUCATIONAL DATA *(List all colleges/universities attended showing most recent school first)*

School City/State	Dates Attended	Cumulative GPA	Month/Year of Graduation

During the fall 2010/2011 term, you will be enrolled as a:

Sophomore Junior Senior

Does this college/university have an actuarial science program? Yes No

If yes, are you or will you be enrolled in the program this year? Yes No

What major have you or will you declare? _____

EDUCATIONAL DATA *(continued)*

List recognitions and/or awards for academic achievement(s) received during your college years:

What, if any, percentage of your college expenses did you earn yourself? _____

What other scholarships have you been awarded during your college year(s)?

Scholarship	Year Received	Amount Awarded

ACTUARIAL EXAMINATION SCORES *(Minimum of two successfully completed actuarial exams administered by CAS and/or SOA)*

Please indicate examinations written, dates taken, and scores. Students awaiting results of Spring 2009 exams to meet the two exam requirement are encouraged to apply if all other eligibility criteria are met.

Course Number	Date Taken	Score

EMPLOYMENT AND/OR INTERNSHIPS *(Please relate job and internship experiences to the last three years)*

Identify places of employment and internships and include type of job held, including job function and responsibilities. *(May submit on separate paper if additional space is needed.)*

Name of Employer	Job Performed	Service Dates

EXTRACURRICULAR ACTIVITIES *(Please relate activities and work to the last three years)*

Identify extracurricular activities including clubs, community service, and other volunteer involvement. Describe the activities performed for each organization, including any leadership positions held. *(May submit on separate paper if additional space is needed.)*

Name of Organization	Activities Performed	Service Dates

APPLICATION CHECKLIST *(This application becomes valid only when you have submitted ALL the following items in ONE envelope postmarked by June 1, 2010.)*

- ___ Application Form, completed and signed
- ___ Unofficial School Transcript – unsealed is acceptable
- ___ Letter of Recommendation from professor (preferred) or advisor
- ___ Letter of Recommendation from employer or a previous employer
- ___ Essay (approximately 500 words, single-spaced and typed)

CERTIFICATION

I acknowledge that I have read the eligibility requirements in the attached announcement. All the information furnished in support of this application is true and complete. If requested, I will submit proof of same. Failure to do so shall invalidate this application and shall result in termination of scholarship.

Signature of Applicant *(Required)*

Date

This application and accompanying material are for the sole use of the Actuary of Tomorrow-Stuart A. Robertson Memorial Scholarship program. The Actuarial Foundation is unable to return submitted materials. The Actuarial Foundation may publicize awardees' names, essays, photos and name of attending college/university.

SUBMIT TO

Please mail your application and required documents, postmarked on or before June 1, 2010, to:

**The Actuarial Foundation
Actuary of Tomorrow-Stuart A. Robertson Memorial Scholarship
475 North Martingale Road, Suite 600
Schaumburg, IL 60173**

Important Notice: Due to the high volume of applications, the Actuarial Foundation is unable to provide you with notification of receipt. Winner(s) will be notified after August 1, 2010.

Previous *Actuary of Tomorrow Scholarship* recipients are not eligible.

The Actuarial Foundation reserves the right to modify or discontinue this program at anytime and without notice.