

**THE ACTUARIAL FOUNDATION'S**  
**Caribbean Actuarial Scholarship**

University of the West Indies  
 Basil L. & Monica G. Virtue Memorial Scholarship

**2010 APPLICATION**



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

Student Last Name	First Name	Middle Initial
Street Address (permanent mailing address)		
City	State	Zip/Postal Code (if applicable)
Date of Birth	Country	Student ID Number
Phone Number	E-mail	

**EDUCATIONAL DATA:** *(List all universities attended showing most recent first)*

University Name/Location	Dates Attended From / To	Cumulative GPA or equivalent

During the 1st semester of academic year 2010/2011 you will be enrolled as:

- Second Year Student (sophomore)     Third Year Student (senior)

Are you enrolled in the UWI Actuarial Science Program?     Yes     No  
 If yes, is this your first or second year in the program?     1st     2nd

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

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Have you received other funding (U.S. or Jamaican dollars) to help with your university expenses?     Yes     No

If yes, please describe:

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**ACTUARIAL EXAMINATION SCORES:**

*(Please indicate exams written, scores and dates taken for any actuarial exams administered by a professional actuarial society)*

Exam/VEE	Date Taken	Score	Exam/VEE	Date Taken	Score

*continued*

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

Identify extracurricular activities including clubs, community service, employment or internships. Describe the activities performed for each organization, including any leadership positions held. May submit a separate paper if additional space is needed.

Name of Organization	Activities Performed	Service Dates

**APPLICATION CHECKLIST** *(This application becomes valid only when ALL of the following items have been received by The Actuarial Foundation on or before July 15, 2010.*

- \_\_\_\_\_ Application Form, completed and signed
- \_\_\_\_\_ Official University Transcript (mailed or emailed) by the university directly to the Foundation
- \_\_\_\_\_ 2 Letters of Recommendation – one each from academia and personal reference (mailed or emailed)
- \_\_\_\_\_ Personal Essay (approximately 500 words, single-spaced and typed) (mailed or emailed)

**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. I understand that 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 Caribbean Actuarial Scholarship program. The Actuarial Foundation is unable to return submitted materials. The Actuarial Foundation may publicize awardees' names, essays, photos or other information that pertains to this scholarship award.*

**SUBMIT TO**

Please submit your application and required documents by July 15, 2010.

**The Actuarial Foundation**  
**Caribbean Actuarial Scholarship**  
**475 N. Martingale Road, #600**  
**Schaumburg, IL 60173 USA**  
**Email: [scholarships@actfnd.org](mailto:scholarships@actfnd.org)**

**Important Notice:** *The Actuarial Foundation is unable to provide you with notification of receipt of your application. Winner(s) will be notified after August 15, 2010. The Actuarial Foundation reserves the right to modify or discontinue this program at anytime and without notice.*