



2018-2019 Actuarial Scholarship Application

(Please Type or Print Clearly)

Last Name

First Name

M.I.

Permanent Address

City

State

ZIP

Current Address

City

State

ZIP

Telephone

E-mail Address

Student ID

Date of Birth

Are you currently authorized to work in the US on a full-time basis for any employer without employer sponsorship? Yes No

Undergraduate Institution _____

Major(s) _____ Minor(s) _____

Class Standing _____ Graduation Date _____

Grade Point Average in Major _____ Cumulative Grade Point Average _____

Test Scores

ACT: _____ SAT: Math _____ Verbal _____

Actuarial Exams (if available, please include dates and scores)

Course 1/P _____ Course 2/FM _____ Course 3 (CAS or SOA) _____

Other(s) _____

List any internships, scholarships, honors and extracurricular activities:

On a separate page, please describe your long-term career goals and attach a copy of your resume.

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