

# Casualty Actuaries of Greater New York

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## CAGNY Scholarship Application: Academic Year 2007-2008

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APPLICATION DEADLINE: APRIL 15, 2007

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### Eligibility Requirements:

- U.S. or Canadian citizen or permanent resident visa
- Currently attending a U.S. or Canadian college or university as a full-time student
- Will attend a U.S. or Canadian college or university as a full-time student for 07-08 academic year
- Demonstrated strong interest in mathematics or mathematics-related field
- High scholastic achievement

### PERSONAL DATA:

Applicant's Name: \_\_\_\_\_  
*Last* *First* *Middle*

Permanent Address: \_\_\_\_\_  
*Street* *City* *State/Province* *Zip/Postal Code*

Permanent Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

School Address: \_\_\_\_\_  
*Street* *City* *State/Province* *Zip/Postal Code*

School Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Date when switch to permanent address: \_\_\_\_\_

Are you a U.S. or Canadian Citizen? \_\_\_ Yes - U.S. \_\_\_ Yes - Canadian \_\_\_ No- Type of Visa: \_\_\_\_\_

**To consider your application, CAGNY must receive the following by April 15, 2007. It is the applicant's responsibility to assure that materials are received on time.**

1. This 3-page CAGNY Scholarship application.
2. The recommendation form included with this application, preferably completed by an instructor who knows you well.
3. Current official college transcript. Indicate whether the academic term is semester, trimester, or quarter. If the current transcript shows grades for only one academic term, then also provide the official transcript from your prior educational institution.

All forms should be sent to:

Tim McCarthy  
CAGNY Education Chairperson  
Insurance Services Office, Inc.  
545 Washington Boulevard  
19th Floor (19-4)  
Jersey City, NJ 07310-1686  
Fax: (201) 748-1621

**EDUCATIONAL RECORD:**

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Educational Institution: \_\_\_\_\_ Major/Minor \_\_\_\_\_

Expected Graduation Date and Degree \_\_\_\_\_

GPA - Overall \_\_\_\_\_ out of \_\_\_\_\_ GPA - Major \_\_\_\_\_ out of \_\_\_\_\_

Actuarial Exams Completed: \_\_\_\_\_

Does your school have an Actuarial Science program?  Yes  No

If "yes", will you be enrolled in the program during the next school year?  
 Yes  No

If "no", why not? \_\_\_\_\_

Completed courses related to Actuarial Science (incl. Math, Business, Economics):

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**EMPLOYMENT RECORD:**

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Please describe all relevant employment experience. Attach a resume if you prefer.

Employer	Dates Employed	Responsibilities	Hours per Week

**ADDITIONAL INFORMATION**

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Please list school activities, organization memberships, community activities and hobbies. Include specific events or accomplishments. Please elaborate on a separate sheet, if necessary.

Activity	Years of Participation	Hours per Week	Positions Held or Honors Won

Please explain any other information you would like CAGNY to consider:

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**CERTIFICATION**

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All of the information on this form is true and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_

The following information will not be used in the selection of scholarship recipients. It is only for administrative purposes.

Please tell us how you found out about the CAGNY Scholarship: \_\_\_\_\_

From time to time, names and addresses of scholarship applicants may be provided to companies requesting such information. Check if you do not want your name released.

Please do not release my name.