

# Casualty Actuaries of Greater New York

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## CAGNY Scholarship Application: Academic Year 2007-2008

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RECOMMENDATION FORM DEADLINE: APRIL 15, 2007

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**APPLICANT:** This form must be fully completed and must accompany your letter of recommendation in order for CAGNY to match the letter to your file. Letters received without this completed form or without the recommender's signature will be considered invalid. Please complete the top half of this form and forward the form to your recommender.

Applicant's Name:

\_\_\_\_\_

*Last*

*First*

*Middle*

"I understand that letters and statements of recommendation concerning me are to be sent to the CAGNY Board, and I hereby expressly and voluntarily waive any and all access rights I might have to such recommendations under the Federal Family Educational Rights and Privacy Act, any state law, or any other laws, regulations or policies."

**Check one:**

Yes, I agree to waive this right: \_\_\_\_\_

No, I do not waive this right: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Recommender: Please complete this form and attach the appraisal requested below. Please sign the back flap of the envelope and mail to:**

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

Recommender's Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ How long have you known this student? \_\_\_\_\_  
*Area Code*

In what capacity?

Instructor/teacher

Advisor/counselor

Other (Explain): \_\_\_\_\_

Please attach on a separate sheet your general appraisal of the student and his or her motivation, ability to learn, and progress during the most recent academic year. We would also appreciate your comments on the student's promise and potential as a casualty actuary.

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_