



Casualty Actuaries of the Mid-Atlantic Region

CAMAR Scholarship

APPLICATION DEADLINE: April 15, 2020

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: _____

Citizenship: U.S. Permanent Resident Visa

EXTRACURRICULAR AND PERSONAL ACTIVITIES:

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	Number of Hours/Week	Position Held or Honors Won

EMPLOYMENT AND INTERNSHIP RECEIVED:

(Show most recent employer first; attach a resume if you prefer. Please include confirmed Summer 2020 internships.)

Employer	Date Employed	Nature of Work	Hours Per Week

CERTIFICATION

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

Applicant's Signature: _____