

**Application for a Bursary from
The Company of Actuaries Charitable Trust Fund**

Details of the Applicant

Full Name:

Date of Birth:

Address (while at university):

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.....

Address (home):

.....

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Expected Income for Next Year

Expected Expenditure for Next Year

Student Grant £

Fees £

Parental Contribution £

Accommodation £

Any earned income £

Other income (*) £

Other Expenses (*) £

Total £ _____

£ _____

(*) Please indicate main sub-headings

Authorisation and Declaration

I agree to my Department releasing details of my academic performance, including my examination results, and any other relevant information to the Trustees of the Company of Actuaries Charitable Trust in order to assess my application for a bursary.

In making this application, I declare that the information given above and on the enclosed pages is true and that it is my intention to become a student of the Institute of Actuaries or of the Faculty of Actuaries in Scotland.

Date:

Signed: