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| **SOUTHEASTERN ACTUARIES CONFERENCE ("SEAC") SCHOLARSHIP PROGRAM**  INSTRUCTIONS: Please return the completed application electronically to [kfrek@allstate.com](mailto:kfrek@allstate.com)  It must be saved as a word file (Filename format: lastname\_firstName\_SEAC.docx).  Please mail the required documents postmarked no later than **June 16th, 2023** (enclosures identified in item 7) to:  Karley Freeland, ASA, MAAA, SEAC Scholarship Chair  1776 American Heritage Life Dr, Jacksonville, FL 32224  **Your application is not considered complete unless all documents are received.** | | | | | |
| Full Name | |  | | | |
| Date of Birth | |  | | | |
| Local/Current Phone | |  | | | |
| Email address | |  | | | |
| Local Address  (Street, City, State, Zip) | |  | | | |
| Permanent Address  (Street, City, State, Zip) | |  | | | |
| **1 - Schools Attended** | | | | | |
| Current College – name | |  | |  | |
| Current College – City, State | |  | | Anticipated Graduation Date |  |
| Other College Attended – name | |  | | Attend from |  |
| Other college – City State | |  | | to |  |
| Other College Attended – name | |  | | Attend from |  |
| Other college – City State | |  | | to |  |
| **2 - Actuarial Exams – Indicate any actuarial examinations taken in either the Society of Actuaries or the Casualty Actuarial Society. If none taken, please state NONE** | | | | | |
|  | Exam name | | Date (Past or In Next Academic Year) | | Grade |
| 1 |  | |  | |  |
| 2 |  | |  | |  |
| 3 |  | |  | |  |
| 4 |  | |  | |  |
| 5 |  | |  | |  |
| 6 |  | |  | |  |
| **3 - Extracurricular Activities – Please indicate participation in extracurricular school activities, such as school sports, clubs, newspaper, class officer positions, etc.** | | | | | |
|  | School | | Activity | | Position |
| 1 |  | |  | |  |
| 2 |  | |  | |  |
| 3 |  | |  | |  |
| 4 |  | |  | |  |
| 5 |  | |  | |  |
| 6 |  | |  | |  |

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| **4 - Employment – Describe any jobs you have held, or now hold, both during summer and the school year after graduating high school** | | | | |
|  | Employer | Job Description | Period Held | |
| 1 |  |  |  | |
| 2 |  |  |  | |
| 3 |  |  |  | |
| 4 |  |  |  | |
| 5 |  |  |  | |
| **5 - Honors, Awards, Scholarships** | | | | |
|  | School | Honor, award, scholarship, etc. | |
| 1 |  |  | |
| 2 |  |  | |
| 3 |  |  | |
| 4 |  |  | |
| 5 |  |  | |
| 6 |  |  | |
| **6 – Personal Statement as to why you are interested in an actuarial science career (please limit to 300 words)** | | | | |
| My interest in pursuing an actuarial career is due to…. | | | | |
| **7 – Required Documents and Agreement** | | | | |
| Please enclose the following as part of the application for the scholarship:   1. Copies of college/university transcripts. If you have attended for less than one full academic year, and have attended other colleges/universities, include a copy of your transcript from other such colleges/universities 2. A signed letter of recommendation from a faculty member of your current college or university is required. This can be emailed 3. Confidential financial statement (this is optional)   **Your application is not considered complete unless all documents are received and postmarked by June 16th, 2023.**  The application, together with the attachments/enclosures, is submitted for consideration by the SEAC Scholarship Committee. I represent that (1) I am now a full-time student at the designated University; (2) I intend to attend this University next fall as a full-time student with normal course load; (3) I intend to pursue a career in actuarial science and to write examinations leading to Fellowship in either the Society of Actuaries or the Casualty Actuarial Society; and (4) I agree to notify the SEAC Scholarship Committee of any change in my intentions. I also understand and agree that, if this application is approved, payment of scholarship amounts for future semesters will be subject to my continued qualification based on standards established and administered at the sole discretion of the SEAC's Scholarship Committee  By typing your name below you are certifying to the statement above. | | | | |
| Type your name here: | | | | |