

8. Intended course of study? _____
Where? _____

9. Provide details of any financial assistance for the coming year for which you intend to apply:

Type:	Source:	Amount:

10. Provide business experience during the past five years?

Dates:	Employer:	Position Held:

11. Current Employer: _____

12. Length of Employment: _____

13. Current Job Description: _____

14. Is your employer currently contributing financially to your education?

If yes, to what extent?

ADDITIONAL INFORMATION

15. Provide details of any volunteer activities:

16. Provide details of any hobbies, club and sporting activities:

17. Briefly outline the reason why you require the assistance provided by this foundation?

18. References:

Name:	Employer:	Telephone No:	Relationship:

DECLARATION OF APPLICANT

I _____ do solemnly declare

- a) that to the best of my knowledge and belief, the required information supplied above is correct and complete**

- b) that, any funds awarded will be used only for valid education expenses associated with my Insurance related studies**

Signed: _____

Date: _____

An extra page may be used to enter additional information.