

**SUMMER INTERN SCHOLARSHIP PROGRAM APPLICATION**

**PLEASE TYPE OR PRINT LEGIBLY ALL INFORMATION**

**Name** \_\_\_\_\_

**Permanent Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_

**US Citizen, Permanent Resident or Legally Able to Work in the U.S.?** \_\_\_\_\_ Yes \_\_\_\_\_ No (check one)

**College or University Attended/Name and Address**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Planned Graduation Date** \_\_\_\_\_

**Which IRU Member Company are you interning at? Please provide company Contact person details.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact Person and Contact Details** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Attach or Enclose a Short Description Regarding Your Interest in the Insurance & Reinsurance Industry**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Please note that if you are a successful Scholarship recipient for IRS reporting purposes we will need to request your Social Security number.**