

2019 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 IRUA 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 provide the topic that you will be writing about

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