



## BERMUDA INSURANCE INSTITUTE 2010 (2<sup>ND</sup> SEMESTER) BURSARY APPLICATION FORM

**AIM:** to provide an opportunity of specific insurance training, through the Bermuda Insurance Institute, for Bermudians who have an interest in working in the (re)insurance industry in Bermuda. This training is intended to provide a solid grounding of core insurance principles on which students can build careers in the industry. The completion of the Bermuda Insurance Diploma ("BID") is considered to be the best starting place for this training to begin. Preference will be given to those looking to start, or continue their studies towards the Bermuda Insurance Diploma, but applications from students looking to complete more advanced insurance studies through the Bermuda Insurance Institute will also be considered.



### Personal Details

Name: First \_\_\_\_\_ Middle name \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth: \_\_\_\_\_

Bermudian: **Yes / No** Spouse of Bermudian: **Yes / No** PRC holder: **Yes / No**

Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day time telephone: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Formal Education (please indicate up to the highest level of education achieved) Year Attained

Secondary **Yes No** Name of last school \_\_\_\_\_

Associates **Yes No** Name of institution \_\_\_\_\_

Bachelors **Yes No** Name of institution \_\_\_\_\_

Masters **Yes No** Name of institution \_\_\_\_\_

Have you taken courses, exams or seminars at The Bermuda Insurance Institute before? **Yes No**

**DOCUMENTS TO BE SUBMITTED by the closing date of 16<sup>th</sup> July, 2010. Incomplete applications will not be considered.**

- Signed copy of completed application form;
- Proof of Bermudian Status, Spouse of Bermudian or Permanent Resident Certificate (PRC) holder;
- Current curriculum vitae; and
- Essay: Write a 400 – 500 word essay stating the reasons why you feel you should be chosen for this award, why you wish to work in the (re)insurance industry and clearly articulating the perceived benefits of completion of the training. **Please attach a separate sheet.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Closing date of 16<sup>th</sup> July, 2010. Please mark for the attention of Julie Preece**

Mailing address: Bermuda Insurance Institute, P.O. Box HM 2911, Hamilton HM LX

Hand delivery: Bermuda Insurance Institute, Cedarpark Centre, 48 Cedar Avenue, Hamilton HM 12  
or via email to [jpreece@bii.bm](mailto:jpreece@bii.bm)