

APPLICANT'S FULL NAME: _____
First Middle Surname

CAPTIVE INSURANCE SCHOLARSHIP

APPLICATION FORM

The Bahamas Financial Services Board and the Insurance Commission of The Bahamas, in partnership with the Bahamas Insurance Association, and the Insurance Institute of The Bahamas, are offering two (2) tuition scholarships for Bahamians to study Online towards an Associate in Captive Insurance (ACI) through the International Center for Captive Insurance Education (ICCIE).

SELECTION CRITERIA

Applicants must meet the following criteria in order to be considered for the ACI scholarship.

- Bahamian national.
- Bahamian resident.
- Employed in the Bahamas Financial Services sector.
- Minimum of five years' experience in insurance or financial services.
- Existing professional qualification(s)

In addition to this application form, you must submit ALL of the following:

- a) Proof of citizenship.
- b) Copy of National Insurance card.
- c) Copies of professional designation certificates and post-secondary degree certificates.
- d) Resume
- e) A personal statement - approximately 200 words - explaining your career objectives and reasons for applying for this scholarship.
- f) Two letters of reference. (One should be from your current employer)

Please submit application form to:

The Bahamas Financial Services Board
Montagu Sterling Centre (MSC), 2nd Floor
East Bay Street
Nassau, N.P.
Bahamas

Attention: ICCIE Scholarship

APPLICATION DEADLINE: 25 August 2017

Late Application forms will not be considered

PERSONAL INFORMATION

Name: Mr./Mrs./Miss _____
First Middle Family (Surname)

Street Address/Area _____

P. O. Box _____ Island _____ E-mail _____

Citizenship: _____ Place of Birth _____ Date of Birth _____
dd/mm/yyyy

Telephone _____ (w) _____ (h) _____ (c)

Employer _____ Position _____

Work Address _____ P. O. Box _____

Marital Status _____ Do you have a disability? Yes No

Name of Emergency Contact Person _____

Tel Nos. _____ E-mail _____

PROFESSIONAL INFORMATION

List ALL of your professional qualifications.

Name of Institution	Designation Earned	Date Earned

ACADEMIC INFORMATION

List ALL of your post-secondary/tertiary qualifications.

Name of Institution	Degree/Qualification Earned	Date Conferred

WORK EXPERIENCE

List your work experience during the last five years.

Name of Employer	Position Held	Dates Employed

PERSONAL STATEMENT

In no more than 200 words, please outline your career objectives and indicate why you should be selected as the recipient of an ACI scholarship. (Please submit on a separate sheet.)

GENERAL INFORMATION

- The scholarship will be awarded for \$4,600.00 to be used only to cover the cost of tuition and study materials.
- Only one scholarship will be awarded per person.
- The recipient is expected to complete the Associate in Captive Insurance designation in a maximum of three (3) years.
- The scholarship may be withdrawn after year one if the recipient has not taken and passed at least 2 courses
- The Bahamas Financial Services Board reserves the right to accept or reject any or all applications.

DECLARATION

I confirm that the information provided on and with this application is true and correct to my knowledge and belief. I understand the terms of the scholarship as detailed on this application form and accept that any misrepresentation or non-disclosure on my part may disqualify me from consideration as a candidate.

Signature

Date

Name (Printed)

ⁱ This is intended only for the disclosure of any conditions that may impact or affect your ability to complete the course