



# ROBERTA KELLY MEMORIAL

A scholarship may be awarded to an individual pursuing studies at a post-secondary institution in British Columbia.

<b>FIELD OF STUDY</b>	Any Post Secondary
<b>VALUE</b>	\$3,000
<b>CONDITIONS</b>	<p><b>This scholarship is open to applicants who:</b></p> <ul style="list-style-type: none"><li>• are entering into or already enrolled in undergraduate studies in any field at a post-secondary institution in B.C., and</li><li>• have a relative employed in the property &amp; casualty insurance industry in B.C.</li></ul>
<b>APPLY</b>	<a href="mailto:gala@salutebc.org">gala@salutebc.org</a>
<b>DONOR</b>	Salute - Insurance Person of the Year Committee
<b>DATE</b>	This application is to be completed and must be received by the application office by close of business on September 15 <sup>th</sup> of each year. The award winner will be announced at the Salute-Insurance Person of the Year banquet in the fall.

# ROBERTA KELLY MEMORIAL

*Please print legibly and answer all questions.  
Only completed applications with attached transcripts will be considered.*

## GENERAL INFORMATION

Scholarship Applied for

Roberta Kelly Memorial Scholarship

**1. Name**

\_\_\_\_\_  
Last Name                                      Given Names                                      Mr./Mrs./Miss/Ms.

**2. Permanent Address**

\_\_\_\_\_  
Apt. #                                      Street Address  
\_\_\_\_\_  
City                                      Province                                      Postal Code

**3. Phone & Email**

\_\_\_\_\_  
Phone                                      Email

**4. Date of Birth**

\_\_\_\_\_  
Day      Month      Year

**5. Relation in Industry**

\_\_\_\_\_  
Name                                      Occupation  
\_\_\_\_\_  
Name of employer  
\_\_\_\_\_  
Address

**6. Dependents**

Number of dependent children in your family (including yourself) \_\_\_\_\_

## ACADEMIC INFORMATION

**7. School**

\_\_\_\_\_  
Name of current school

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Address

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Name of previous school (if applicable)

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Address of previous school

**8. Scholastic Record**

*Please attach transcripts showing complete scholastic record for the past two years. **Applications will not be considered without transcripts.***

**ACADEMIC INFORMATION CONT'D**

**9. Post Secondary**

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What Institution do you plan to attend / are attending?

**10. Field of Study**

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Provide details of your intended or declared field of study

**11. Awards**

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List of honours and/or awards of scholarships you have received

**12. References**

List two names to be contacted as references

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Name & Email

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Address

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Name & Email

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Address

**\*Note:** Both references must be from academic sources familiar with your studies at the high school level.

# FINANCIAL INFORMATION

## 13. Employment

Record of employment for the past two years

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Employer	Address	Year	Occupation
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Employer	Address	Year	Occupation
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Employer	Address	Year	Occupation
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Employer	Address	Year	Occupation
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**\*Note:** Include summer and part time work.

## 14. Assistance

Give details of any financial assistance for the coming year

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Type	Source	Amount
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Type	Source	Amount
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Type	Source	Amount
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**\*Note:** Include assistance you have already received or intend to apply for (e.g. student loans, scholarships, etc.)



## 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 in every respect; and
- (b) that any funds awarded on the basis of this application will be used only for the valid educational expenses associated with my post-secondary studies.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Extra pages may be used to provide additional information.**