



ROBERTA KELLY MEMORIAL

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

FIELD OF STUDY Any Post Secondary

VALUE \$3,000

CONDITIONS **This scholarship is open to applicants who:**

- are entering into or already enrolled in undergraduate studies in any field at a post-secondary institution in B.C., and
- have a relative employed in the property & casualty insurance industry in B.C.

APPLY gala@salutebc.org

DONOR Salute - Insurance Person of the Year Committee

DATE This application is to be completed and must be received by the application office by close of business on September 15th 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

Address

Name of previous school (if applicable)

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

What Institution do you plan to attend / are attending?

10. Field of Study

Provide details of your intended or declared field of study

11. Awards

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

12. References

List two names to be contacted as references

Name & Email

Address

Name & Email

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

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

Type	Source	Amount
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Type	Source	Amount
------	--------	--------

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.)

15. Sports

All sports you have played in organized groups in the last two years

Name	Nature of group	Position
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Name	Nature of group	Position
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Name	Nature of group	Position
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16. Extra Curricular

List activities for the last two years

17. Leadership

Offices held in any clubs or groups

Club/Group	Year	Position
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Club/Group	Year	Position
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Club/Group	Year	Position
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18. Hobbies

List hobbies to which you actively devote attention

Hobby	Since
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Hobby Since	Since
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Hobby Since	Since
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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.