



# 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 an undergraduate or graduate program in any field at a BC post-secondary institution, and
- be a family member of any person in the insurance industry, or be in the industry themselves

**APPLY** [gala@salutebc.org](mailto: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 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.)

**15. Sports**

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

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Name Nature of group Position

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Name Nature of group Position

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Name Nature of group Position

**16. Extra Curricular**

List activities for the last two years

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**17. Leadership**

Offices held in any clubs or groups

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Club/Group Year Position

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Club/Group Year Position

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Club/Group Year Position

**18. Hobbies**

List hobbies to which you actively devote attention

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Hobby Since

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Hobby Since  
Since

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Hobby Since  
Since

## 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.**