



BCIT SCHOLARSHIP

FIELD OF STUDY	BCIT General Insurance and Risk Management Diploma
VALUE	\$1,500
CONDITIONS	Only applicants who are registered or intending to register in Semester 2, 3 or 4 of the General Insurance and Risk Management Diploma are eligible for this scholarship
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 on or before September 30 of each year. The award winner will be announced at the Salute-Insurance Person of the Year banquet in the fall.

BCIT SCHOLARSHIP APPLICATION

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

GENERAL INFORMATION

Scholarship Applied for **BCIT General Insurance and Risk Management Diploma**

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

Provide name and address of each school attended in the past three years

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.***

9. Awards

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

10. References

List two names to be contacted as references*

Name

Address

Name

Address

***Note:** Both references must be from academic sources familiar with your studies.

FINANCIAL INFORMATION

11. Employment

Record of employment for the past two years*

Employer	Address	Year	Occupation
----------	---------	------	------------

Employer	Address	Year	Occupation
----------	---------	------	------------

Employer	Address	Year	Occupation
----------	---------	------	------------

Employer	Address	Year	Occupation
----------	---------	------	------------

*Note: Include summer and part time work.

12. Assistance

Give details of any financial assistance for the coming year*

Type	Source	Amount

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

13. Sports

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

Name Position	Nature of group

14. Extra Curricular

List activities for the last two years

15. Leadership

Offices held in any clubs or groups

Club/Group Position	Year

16. Hobbies

List hobbies to which you actively devote attention

Hobby
Since

Hobby
Since

Hobby
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.

