

**A.H.B. "SPOON" WOTHERSPOON
MEMORIAL SCHOLARSHIP**
(Established 1987)

STUDENT SCHOLARSHIP

A scholarship may be awarded annually to an entrant of University, College or school of higher learning.

FIELD OF STUDY: Any course or courses of first year studies at any University, College or school of higher learning.

VALUE: \$1,000.00

CONDITIONS:

- 1) Only applicants who are children or a relative of an employee and/or member of the Insurance Brokers Association of British Columbia
- 2) Applicant must be a resident of British Columbia
- 3) The academic qualifications are paramount but consideration will be given to intended area of study; intended institution of study, extra-curricular activities in school, general ideas; financial need; and community service.

APPLY: Insurance Brokers Association of B.C.
#1300 – 1095 West Pender Street
Vancouver, B.C. V6E 2M6

Contact:

Michael Gaschler	Direct:	(604) 606-8004
	Toll Free:	1-800-663-0494
	Fax:	(604) 683-8497

DONOR: Insurance Brokers Association of B.C.

SUBMISSION: This application to be completed and placed in the hands of the Insurance Brokers Association of B.C. not later than **March 31st** of each year. The award winner will be announced at the IBABC Annual Conference.

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GENERAL INFORMATION

Name:		
Street Address		City
Prov.	Postal Code:	Telephone Number:

QUALIFYING INFORMATION

Name, Address, Contact number(s), Occupation and Employer of qualifying employee of Insurance Industry:

Name:		
Relationship to Applicant:		
Street Address		City
Prov.	Postal Code:	Telephone Number:
Occupation:	Employer:	

ACADEMIC INFORMATION

School(s) attended for the past three years:

Name			
Street Address			City
Prov.	Postal Code:	To:	From:

Name			
Street Address			City
Prov.	Postal Code:	To:	From:

Name			
Street Address			City
Prov.	Postal Code:	To:	From:

ACADEMIC INFORMATION cont.

Scholastic record for the past two years: (please attach transcripts)

Institution you plan to attend:

Name		
Street Address		City
Prov.	Postal Code:	Telephone Number:
Intended Field of Study:		

Estimated cost of annual tuition: (including cost of living expenses if attending a post-secondary institution away from home) _____

**List of Honours, Awards or Scholarships you have received:
(please include the monetary award, if any)**

1.
2.
3.
4.
5.
6.

FINANCIAL INFORMATION

Employment record for the past two years, including summer and part-time work:

Employer	Address	Year	Occupation

Give details of any financial assistance for the coming year for which you intend to apply (e.g. - loans, scholarships, etc.)

Type	Source	Amount

SUPPLEMENTARY INFORMATION

State your present health: _____

Do you have any physical disabilities? _____

List all sports you played in organized groups in the last two years, position played and nature of group: _____

State whether you held any offices in any clubs or groups. If "yes", state group and position

Group	Position

State what hobbies you have that you devote active attention to: _____

List any other extra-curricular activities you participated in during the last two years: _____

DECLARATION OF APPLICANT:

"I, _____ do solemnly declare:

- (a) that to the best of my knowledge and belief, the required information supplied herein is correct and complete in every respect: and,
- (b) that, any monies issued on the basis of this application will be used only for valid educational expenses associated with my university study."

SIGNED: _____

DATE: _____

AN EXTRA PAGE MAY BE USED TO ENTER ANY ADDITIONAL INFORMATION

