

Please ensure you have all the necessary documents (essay, transcripts, letter of acceptance) ready prior to commencing the application.

This application form is for the following scholarships:

- A.H.B. "SPOON" WOTHERSPOON MEMORIAL SCHOLARSHIP \$1,000
- AUTOPLAN BROKERS LEGACY SCHOLARSHIP \$2,500
- CENTRAL AGENCIES LTD., DENNIS MACNEILL MEMORIAL SCHOLARSHIP. \$2,500
- JOE STONEHOUSE MENTORSHIP SCHOLARSHIP, PRESENTED BY BRODY STONEHOUSE, AC&D INSURANCE - \$2,500
- JOHN F. HAMILTON SCHOLARSHIP \$3,500
- JOHN M. TOOMER EDUCATION SCHOLARSHIP \$5,000
- RENATE MUELLER TRAILBLAZER SCHOLARSHIP, RECOGNIZING FUTURE WOMEN TRAILBLAZERS, PRESENTED BY WESTLAND INSURANCE - \$2,500
- VANCOUVER INSURANCE ASSOCIATION (VIA) SCHOLARSHIP \$1,000

Preference Statement

Applicants will be considered for these scholarships based on the following:

- Applicants must be a B.C resident.
- Applicants must be employees or relatives of BC insurance industry practitioners
- Applicants must provide proof of acceptance or enrolment in a post-secondary institution. Supporting document must be provided.
- Applicants must demonstrate high academic qualifications.

Please review https://ibabc.org/ScholarshipsAwards for the full list of requirements for each scholarship.

Deadline

This application must be completed and received by the Insurance Brokers Association of B.C. by **end of day March 31, 2024.**

All application must include the following:

- Transcripts
- · Post-secondary acceptance letters
- Essay (300 to 500 words)
- Application form

* Applicant Name	
First name	
Last name	
Preferred Pronoun	

* Applicant Email			
Email address			
* A1:+ Dh	Nh		
* Applicant Phone	Number		
Country code			
Phone number	+1		
* Applicant Addres	SS		
Street address			
Street address 2			
City			
Province			
Postal Code			
Country	Canada		
)
* Do you curren	tly work in the insurance industry:		
Yes		70.	
O No			
	_:.0		

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Section A: Applicant Employer Information

Complete this section if you work in the insurance industry.

* Employment Infor	rmation		
Job Title			
Company Name			
Address			
City/Town			
Province			
Postal Code			
Country			
Email Address			
Phone Number			.0
	y an IBABC member?	4	W.
Yes No			
* How many years l	have you worked in the insurance	industry?	
* Do you current	ly work full time or part time for t	his company?	
Full Time		7 1	
Part Time	711		
* Are you an Aut	oplan Broker		
Yes No	, O,,		
	SIBA	BC	

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Section B: Applicant Nominator Information

Complete this section if a family member in the insurance industry has nominated you for this scholarship.

* Nominator Info	rmation
Name of Relative	
Relationship to you	
	T. C
* Nominators Comp	any Information
Job Title	
Company Name	
Address	
City/Town	
Province	
Postal Code	
Country	
Email Address	
Phone Number	
	an IBABC member?
Yes	
○ No	
How many years ha	s nominator worked in the insurance industry?
	-
* Does the nomin	nator work full time or part time for this company?
Full Time	
Part Time	
•	9
	or an Autoplan Broker?
Yes	
O No	



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Academic Information
* What year did you or will you graduate high school?
* What program (degree, certificate, diploma) are you pursuing/ do you intend to pursue?
* When does/ did the program start (month & year)?
* Do you intend to become a licensed insurance broker? Yes No
* Do you intend to pursue a career in the education field? Yes No
List the three most recent academic institutions you've attended (high schools, colleges, universities)
1. Institution name, dates attended, number of credits earned if post-secondary
2. Institution name, dates attended, number of credits earned if post-secondary
3. Institution name, dates attended, number of credits earned if post-secondary

List any academic honours, awards, or scholarships earned. Include organization receive	7ed
from, date received, and a brief description.	
4	
List any volunteer or community services activities. Include organization name, start as	ıd end
date, number of hours per month, and a brief description of your role.	
List any mentoring or tutoring activities. Include organization name, start and end date	·,
number of hours per month, and a brief description of your role.	
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List any hobbies or recreational activities (sports, music, etc)	
* Essay	
Please attach a 300-500 word essay that describes your post-secondary goals, career go	oals,
and why a scholarship is important to you. Include any accomplishments, personal	
characteristics, or experiences that make you uniquely worthy of scholarship considera	tion.
Choose File Choose File No file chosen	
* Transcript	
Please attach your high school and/or post-secondary institution transcripts	
Choose File No file chosen	
* Doct Cocondom Acceptance Letter	
* Post-Secondary Acceptance Letter Please attach your post-secondary acceptance letter	
riease attach your post-secondary acceptance letter	
Choose File No file chosen	

Thank you for your application, only award recipients will be contacted.