



**THE SALMON ARM & DISTRICT CHAMBER OF COMMERCE**  
 Box 999, #101, 20 Hudson Avenue NE, Salmon Arm, BC V1E 4P2 Ph: 250-832-6247

## 2017 SCHOLARSHIP APPLICATION

*This application must be received by the Chamber on or before June 2, 2017*

### SECTION I - STUDENT INFORMATION

#### PERSONAL DATA

Mr./Ms \_\_\_\_\_

Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_

Present Address \_\_\_\_\_ Permanent Home Address \_\_\_\_\_

\_\_\_\_\_  
 P/Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_ P/Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

#### ACADEMIC DATA - (Institution you will be attending)

Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Institution    University                       College                       Trade School                       Other

Last Secondary/Post Secondary Institution Attended \_\_\_\_\_ Year \_\_\_\_\_

Certificate, Degree, Diploma Received \_\_\_\_\_ Year \_\_\_\_\_

Year to Date Average \_\_\_\_\_% or \_\_\_\_\_ Grade Point Average

Academic awards or achievements during and/or since high school

\_\_\_\_\_  
 \_\_\_\_\_

Volunteer and/or community involvement activities

\_\_\_\_\_  
 \_\_\_\_\_

#### FINANCIAL DATA -Please estimate your expenses and assistance for the coming academic year

##### ESTIMATED EXPENSES

Tuition and Incidental fees	\$ _____
Board and Room (at home)	\$ _____
Board and Room (away from home)	\$ _____
Books and Supplies	\$ _____
Transportation	\$ _____
Meals	\$ _____
Misc: _____	\$ _____

**Total Estimated Expenses**                      \$ \_\_\_\_\_

##### ESTIMATED ASSISTANCE

Assistance from Parents/Guardian	\$ _____
Assistance from Spouse	\$ _____
Student's Own Contribution	\$ _____
<i>from summer earnings, savings, etc</i>	
<i>excluding any Bursary/Scholarship amounts</i>	
<b>Total Estimated Assistance</b>	<b>\$ _____</b>

**Provide additional comments as to why you would be a suitable candidate for this scholarship.** (attach separate sheet if required)

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**What value do you believe the Chamber brings to the business community and Salmon Arm in general?** (attach separate sheet if required)

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**OTHER STUDENT INFORMATION**

Extra-Curricular Activities/Interests \_\_\_\_\_

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Career/Employment Goal after University/College \_\_\_\_\_

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**SECTION II - PARENT/GUARDIAN/SPOUSE INFORMATION**

**EMPLOYMENT INFORMATION**

Name of Parent, Guardian/Spouse \_\_\_\_\_

Name of Employer (**Chamber Member**) \_\_\_\_\_

Your Relationship to Chamber Member (employee/child, etc.) \_\_\_\_\_

I declare the information contained in this application to be accurate.

Applicant's Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Chamber Member's Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_