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## SCHOLARSHIP / BURSARY APPLICATION

A) Nine bursaries of \$1000.00 each and three scholarships of \$1,000.00 each are available to sons or daughters of past or present members or employees [or persons to whom a past or present member or employee stood In Loco Parentis]\* of the Company and grandchildren of present members in good standing. Applicants must be enrolled full-time at a post-secondary educational institution, including trade schools.

### B) THE CHRISTENSON FIAMENGO MEMORIAL SCHOLARSHIP FUND

The late Harold Christenson and Vince Fiamengo, former Manager and President of the Company, respectively bequeathed a fund which provides scholarships for sons or daughters of past or present members or employees [or persons to whom a past or present member or employee stood In Loco Parentis]\* of the Company and grandchildren of present members in good standing. Applicants must be enrolled full time at a post-secondary educational institution including trade schools. The number and amount of these scholarships will be determined by the Board of Directors of the Company.

The Application Deadline for all awards is **September 1st**.

\* The term 'In Loco Parentis' refers to "a person who is charged factitiously with a parent's rights, duties and responsibilities".

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1. Full Name: \_\_\_\_\_  
 Mr./Ms/Mrs. SURNAME GIVEN NAMES

2. Social Insurance Number: \_\_\_\_\_ Student No: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
 STREET CITY PROVINCE POSTAL CODE

4. Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

5. Name of Member/Employee: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Status of Member/Employee:  CURRENT  
 PAST Vessel Name: \_\_\_\_\_

6. If you are married or a single parent, please complete the following:  
 Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 FULL NAME OCCUPATION

7. Information about the study you are planning to be enrolled in this coming term: START DATE: \_\_\_\_\_

NAME OF INSTITUTION	PROGRAM NAME	LENGTH OF PROGRAM
_____	_____	_____
INSTITUTION'S COMPLETE MAILING ADDRESS		PART TIME OR FULL TIME
YEAR 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Graduate Studies <input type="checkbox"/> Other [specify] _____		

8. Last Two Educational Institutions Attended (excluding schools attended prior to grade 10):

NAME OF INSTITUTION	ADDRESS	DATES ATTENDED
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9. Transcript of Academic Record: Attached   
 This application will not be processed without the transcript from the last two (if applicable) educational institutions attended.

10. Estimated Expenses for this Term:	Estimated Savings or income to be used:
<b>Amount</b>	<b>Amount</b>
Tuition Fees _____	Savings _____
Books & Supplies _____	Part-time Income _____
Room & Board _____	Canada Student Loan _____
Transportation _____	Financial Assistance from Parents _____
Miscellaneous (itemize) _____	Scholarships/Bursaries _____
_____	Income of Spouse _____
_____	RESP _____
_____	Other Funds _____
Total: _____	Total: _____

11. Employment History (list most recent job first).

Employer	Address	Date of Employment	Type of Work	Pay Rate

12. Provide a maximum single page summary that includes comment on:

- your family fishing history
- your hobbies or skills, and of your interests and specific participation in school, community, college, church, team, etc.
- any special circumstances which make it necessary for you to apply for assistance.

OPTIONAL INFORMATION:

Please inquire from the Institution's Financial Aid Office if it will issue the student a T4A if awarded the scholarship/bursary.

YES  NO

We hereby advise you that Pacific Coast Fishermen's Mutual Marine Insurance Company receives, collects, uses and shares personal information about you for the purposes of reviewing your award application. By your agreement signified by your signature below you are consenting to this receipt, collection, use, and sharing of your personal information. Equally, we gather information about your abilities and history. We may rely on this information and utilize it in marketing efforts on behalf of the Company, including but not limited to publication of your name. We require your consent for this use.

I hereby declare that the foregoing information is to the best of my knowledge correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE