



**MARINE INSURANCE ASSOCIATION OF BRITISH COLUMBIA
LYNN DAVIS ANNUAL UNDERGRADUATE SCHOLARSHIP APPLICATION**

GENERAL INFORMATION

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Driver's Licence No.: _____ S.I.N.: _____
Birth Date: _____
Sex: Female Male
Affiliation with MIABC: _____

EDUCATION

Year of High School Graduation: _____ G.P.A.: _____
High School: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____
G.E.D.: Yes No (If "Yes", please attach certificate)
Academic Honours: _____
Colleges or Universities Applied to: _____
Colleges or Universities Accepted by: _____
College or University Currently Attending: _____
Scholarships (other than MIABC): _____
Hobbies/Interests/Community Activities: _____

