

IT: A BETTER CAREER

Scholarship Application

Applications must be postmarked by October 15th of the awarding year

ABOUT THE SCHOLARSHIP

This scholarship is valued at \$2000.00 and was created to recognize a student who is entering his/her 2nd, 3rd, or 4th year of study pursuing a Bachelor of Science with a major in Computer Science, Bachelor of Engineering with a major in Software Systems Engineering.

This scholarship is awarded to a University of Regina, undergraduate student who:

- Is pursuing a Bachelor of Science with a major in Computer Science or a Bachelor of Engineering with a major in Software Systems Engineering
- Is registered in a minimum of 12 credit hours in the semester the award is presented
- Has successfully completed a minimum of 24 credit hours
- Has a minimum Cumulative Grade Point Average (CGPA) of 70%
- Preference will be given to students enrolled in the co-operative education program
- Has shown the ability to balance commitments such as work, family, volunteering, athletics and/or cultural activities
- Demonstrates the values and competencies of Co-operators Life Insurance Company

EMPLOYMENT WITH CO-OPERATORS LIFE INSURANCE COMPANY

As part of this scholarship award, the selected student will be offered a 4,6,or 8 month internship with Co-operators Life Insurance Company in the Information Systems department. If you are the successful applicant please note your preferred work term below;

_____ 4 mth
_____ 6 mth
_____ 8 mth

INSTRUCTIONS:

- Submit only one copy of this application form, completing all sections. Only complete applications will be considered. In addition please submit the most recent official transcript of your marks Return the completed application and transcript to Co-operators Life Insurance Company, Attn: Human Resources, 1920 College Avenue, Regina, SK, S4P 1C4

Students' personal information is collected on this application for the sole purpose of administering this award. It will be shared with the selection committee for the scholarship. The name and program of the students who are selected will be disclosed as part of the announcement of the award. By applying for this award, students consent to the use and disclosure of their personal information as described herein.

SECTION 1: GENERAL INFORMATION (Please complete all fields)

Name: _____	U of R Student # _____	

Faculty: _____	Major: _____	Year of study: _____
Social Insurance Number ¹ : _____	Date of Birth (dd/mm/yyyy): _____	
Mailing Address: (all correspondence will be sent to this address)		
Street/Box No. _____		
City/Town: _____	Province: _____	Postal Code: _____
Telephone: (h) _____	(c) _____	
Email address: _____		

¹ A social insurance number is required by Canada Revenue and must be supplied in order for a scholarship to be paid out.

SECTION 2: DECLARATION AND SIGNATURE

I hereby make the following declaration:

- That I have answered all questions here within applicable to me, and that the answers given by me are true to the best of my knowledge.
- That I understand the value of this award, and policies and procedures with respect to its administration, may change at Co-operators Life Insurance Company's discretion.

Applicant's Signature: _____

Date: _____



