

Purposes and Amount of the Scholarship

The principal purpose is to support post secondary education for sons and daughters of West Wawanosh Mutual Insurance Policyholders. Applications may be received from sons and daughters of:

Farm Insurance Policyholders

Residential Insurance Policyholders

Auto Insurance Policyholders

Commercial Insurance Policyholders

The scholarships are intended to encourage and promote students to go on to post secondary education, either academic or technical, to improve their life skills in order that they may become better citizens in their respective communities.

The scholarship amount has been set at \$1, 000. There are 6 scholarships available. Qualified applicants will be selected on a random basis. Plagiarism will not be tolerated.

Scholarship Topic

For the 2018 scholarship, please share your thoughts on the following question in a format that best suits your skills and interests (i.e. essay (approximately 750 words), video, presentation, artwork etc.)

With society's ever-increasing acceptance of personal information sharing, privacy is becoming a thing of the past. What are some of the unintended consequences and risks associated with third parties having access to your personal data?

Conditions

1. The completed application and topic assignment must be received by West Wawanosh Mutual Insurance Company by September 30th, 2018.
2. Successful applicants will be notified by November 30th, 2018
3. Proof of enrolment in a full time post secondary educational program (including apprenticeships and co-op programs) must be provided from the Registrars office prior to scholarship funds being release. The school term can be any term that starts in the twelve month period beginning September 1st, 2018.

Declaration and Privacy Clause

"I authorize West Wawanosh Mutual Insurance Company to collect, use and disclose any of this personal information, subject to the law and the Company's policy regarding personal information, for the purposes of communicating with me, assessing my application for a scholarship, detecting and preventing fraud, and awarding such scholarship should my application be approved.

I hereby consent and give permission to West Wawanosh Mutual Insurance Company to publish or present to the general public, my name and the assignment I submit with this scholarship application in or on. No other personal information about me can be published such as my address, school or photograph. I understand my submission, if published by West Wawanosh Mutual Insurance Company, will appear with an appropriate copyright notice.

I certify that the information in the application is complete and correct. I authorize the selection committee to confirm any and all information contained herein."

Signature of Applicant _____ Date _____



SCHOLARSHIP APPLICATION

Personal Information

First Name: _____ Last Name: _____
Address: _____ City/Town: _____
Province: _____ Postal Code: _____ Email: _____
Phone #: _____
Broker or Agent: _____ Policy #: _____
Parents or Guardians: _____
Secondary School: _____

Academic Accomplishments:

Other Interests (hobbies, recreational, etc):

Post Secondary Institutions Applied to/Enrolled In (University/College/Other):

Applicant Signature _____ Date: _____

Essays should be returned to: Cathie Simpson
West Wawanosh Mutual Insurance Co.
81 Southampton St., RR#1
Dungannon, ON N0M 1R0
cathie.simpson@wwmic.com

* Employees of West Wawanosh Mutual Insurance and children of employees are not eligible for the West Wawanosh Mutual Insurance Scholarship. Applicants or their Parent/Guardian must hold a current West Wawanosh Mutual insurance policy (farm, auto, residential or commercial) with West Wawanosh Mutual Insurance and be in good standing.