



## 2019 West Wawanosh Mutual Insurance Scholarship

### 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 2019 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.)

*The spirit of Mutual Insurance is in giving back to the community. How are you involved in your community? If you were to select a not for profit organization or community project for West Wawanosh Mutual to support financially, what would it be? How would the funds be used? Explain the reasons for your choice of recipient.*

### Conditions

- The completed application and topic assignment must be received by West Wawanosh Mutual Insurance Company by September 30th, 2019.
- Successful applicants will be notified by November 30th, 2019
- 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, 2019.

### 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: \_\_\_\_\_

Applications and essays should be returned to:

Cathie Simpson, B.A., FCIP  
President/CEO  
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) and be in good standing.