

ANTIGONISH FARMERS' MUTUAL SCHOLARSHIP FUND

ANTIGONISH FARMERS' MUTUAL INSURANCE COMPANY is providing another benefit to its policyholders. In order to help graduating high school students offset the high cost of post secondary education, eight (8) \$1,250.00 scholarships are awarded on an annual basis. Please read the eligibility requirements herein and if you qualify, simply complete and return the application form. You may become one of the successful applicants.

GENERAL REQUIREMENTS OF ELIGIBILITY

Antigonish Farmers' Mutual Insurance Company is providing eight (8) Scholarships of \$1,250.00 each.

TO BE ELIGIBLE:

- a) The applicant must be a resident of ANTIGONISH, GUYSBOROUGH, PICTOU, INVERNESS, VICTORIA, RICHMOND, CAPE BRETON, COLCHESTER, CUMBERLAND, HANTS, OR HALIFAX County.
- b) The applicant or his/her parents (guardians) must be a current policyholder of our Company.
- c) The applicant cannot be a son or daughter of any director, agent, or staff member of our Company.
- d) The applicant must show proof of acceptance or enrolment as a first time, fulltime student at a post secondary institute (college or university).
- e) The applicant must provide a current high school transcript.
- f) The applicant must complete the application form provided by our Company.
- g) The applicant must provide a letter of reference.
- h) The applicant must return the application form postmarked by no later than April 20th to the office of:
Antigonish Farmers' Mutual Insurance Company
Scholarship Selection Committee
188 Main Street
Antigonish, N.S.
B2G 2B9.
- i) If successful, applicants must provide via email a digitally formatted colour photo of themselves to the Company for publication.
- j) The applicant must not have received any prior scholarship award from our Company (Individuals can only receive one (1) scholarship from our Company).
- k) Incomplete and / or late applications will not be considered.**
- l) If successful, applicants must provide via email direct deposit information in order to receive funds electronically.

SELECTION PROCESS

There will be eight (8) scholarship awards each year from applications received. The applicant must have fully completed an application form, included requested documents, and submitted it to the Company Head Office by the required time and date specified above. Our Company will notify the successful applicants by June 1st.

Before issuing scholarship funds by November 10th of the same year, the Company will require applicants to provide proof of registration, for example a copy of the paid tuition or a Proof of Enrolment letter from the school or institution to be submitted to the Head Office at the above address.

SCHOLARSHIP FUND APPLICATION

PLEASE PRINT

1. Name: _____
(last name) (first name) (initial)

2. Permanent Address: _____

3. Mailing Address: _____
(if different from above)

4. Email: _____

5. Phone Number: _____ Date of Birth: _____
day month year

6. Name of Insured: _____ Policy Number: _____

7. Relation of the Applicant to the Insured: _____

8. Name & Address of High School attended in the past year:

9. Name of Institute you plan to attend: _____

Address: _____

10. Declaration of Applicant: I, _____ do solemnly declare to the best of my knowledge and belief, the information supplied above is correct and complete in every respect, and that any monies issued to me will be used only for valid educational expenses.

(applicant)

