



ANTIGONISH FARMERS' MUTUAL SCHOLARSHIP FUND

ANTIGONISH FARMERS' MUTUAL INSURANCE COMPANY is providing another benefit to its policyholders. In order to help students offset the high cost of post secondary education, five (5) \$ 1,000. scholarships are awarded on an annual basis. Please read the eligibility requirements herein and if you qualify, simply complete the application form. You may become one of the successful applicants.



GENERAL REQUIREMENTS OF ELIGIBILITY

Antigonish Farmers' Mutual Insurance Company is providing five (5) Scholarships of \$1,000. 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 full time student at a Nova Scotia post secondary institute (college or university).
- e) The applicant must provide a transcript of marks showing academic standing.
- f) The applicant must complete an application form provided by our Company.
- g) The applicant must return the application form **by no later than May 15th**. to the office of:

Antigonish Farmers' Mutual Insurance Company
Scholarship Selection Committee
188 Main Street,
Antigonish, N.S.
B2G 2B9.

- h) Successful applicants must provide a color photo of themselves to the Company for publication.
- i) The applicant must not have received any prior scholarship award from our Company (Individuals can only receive one (1) scholarship from our Company).

SELECTION PROCESS

There will be five (5) scholarship awards each year from applications received. The applicant must have fully completed an application form 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 10th.

Before issuing scholarship cheques 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, a letter from the school or institution, or a photocopy of the student card.



SCHOLARSHIP FUND APPLICATION

PLEASE PRINT

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

2. Permanent Address: _____

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

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

5. Name of Insured: _____ Policy Number _____

6. Relation of the Applicant to the Insured: _____

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

8. Name of Institute you plan to attend: _____

Address: _____

9. **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)

10. General Statement on your Future Ambitions:

11. Details of your Community involvement and volunteer activities:

12. Recommendations and/or comments from your teacher / guidance counsellor:
