

## Purposes and Amount of the Scholarship

The principal purpose is to support post secondary education for sons and daughters of employees\*, directors or exclusive agents of owning members of Farm Mutual Re. In addition, applications may be received from sons and daughters of employees of the following organizations:

- Farm Mutual Re
- Maritime Association of Mutual Insurance Companies (MAMIC)
- Canadian Association of Mutual Insurance Companies (CAMIC)
- Ontario Mutual Insurance Association (OMIA)
- United General Insurance Company

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. Applicants are eligible to apply annually. A limited number of scholarships are available each year. 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.)

***CAREER OPPORTUNITY! There will be 40 000 job vacancies in the Canadian insurance sector within the next couple of years.***

***Boring you say? Have you considered the many diverse skill sets of the industry ranging from sales, marketing, investigations, computer science, analytics, actuarial, business modeling, and many others?***

***Have you or would you consider a job in the insurance sector? What would prevent you from exploring a career in the insurance sector?***

## Conditions

1. The completed application and topic assignment must be received by the Foundation at Cambridge by September 30<sup>th</sup> of each calendar year.
2. Successful applicants will be notified by November 30<sup>th</sup> of the calendar year.
3. A copy of your SIN card and 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 released. The school term can be any term that starts in the twelve month period beginning September 1<sup>st</sup> in the year of the application.

## Declaration and Privacy Clause

"I authorize the Farm Mutual Foundation to collect, use and disclose any of this personal information, subject to the law and the Foundation'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 the Foundation 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 the Foundation, 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 \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_  
(if under 18 years of age)

\*Employers are responsible for deducting Canada Pension Plan (CPP) contributions, EI premiums, and income tax from remuneration or other amounts they pay to their employees. Employers must remit these deductions along with their share of CPP contributions and EI premiums, to the Canada Revenue Agency (CRA). - Canada Revenue Agency

## Personal Information

**First Name:**

**Last Name:**

**Address:**

**City/Town:**

**Province**

**Postal Code**

**Email:**

**Phone Number:**

**SIN No.**

**Parents or Guardians:**

**Secondary School:**

## Academic Accomplishments:

**Other Interests** (hobbies, recreational, etc):

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

**Mutual Affiliation** (Company Name & Address):

Company President/CEO Name

Company President/CEO Signature

**Essays should be returned to: Elizabeth Baker**

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