



SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

First & Last Name:

Mailing Address:

Phone Number: Email:

SIN Number:

APPLICANT AFFILIATION TO AYR FARMERS MUTUAL

*Policyholder Name & Address:

*AFM Policy Number: *Relationship to Policyholder:

POST-SECONDARY INSTITUTIONS APPLIED TO/ENROLLED IN

PURPOSE AND AMOUNT OF SCHOLARSHIP

The principal purpose is to support post secondary education for sons and daughters of the Policyholders of Ayr Farmers Mutual 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 will be determined based on the number of applicants. 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 INSTRUCTIONS

1. The application must be fully completed and received by Ayr Farmers Mutual by August 31st of each calendar year.
2. Answer the scholarship question in a brief essay (approximately 750 words), video, presentation, artwork, or any other creative submission.
3. Successful applications will be notified by November 30th of the calendar year.
4. 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 Registrar's office prior to scholarship funds being released. The school term can be any term that starts in the six month period beginning September 1st in the year of the application.

DECLARATION AND PRIVACY CLAUSE

I authorize Ayr Farmers Mutual 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 Ayr Farmers Mutual to publish or present to the general public, my name, the essay and/or video I submit with this Scholarship Application. No other personal information about me can be published such as my address, school or photograph. I understand my submission, if published by AFM, 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.

..... Date

(Signature of Scholarship Applicant)

..... Date

(Parent/Guardian Signature if under 18)

RETURN THIS APPLICATION AND YOUR CREATIVE SUBMISSION VIA:

Mail: Scholarship Program
Ayr Farmers Mutual Insurance Company
1400 Northumberland Street
Ayr, ON N0B 1E0

Fax: 519-632-8908

Email: scholarship@ayrmutual.com