



## Scholarship Application Form

To assist our policyholders in offsetting the high cost of post-secondary education, we are offering six \$1,000 scholarships. By completing this application form, you may receive a SouthEastern Mutual Scholarship and be on your way to a successful future.

### **General Requirements of Eligibility:**

1. The Applicant (or parent/guardian) must have an active SouthEastern Mutual home, tenant, farm or commercial policy.
2. The Applicant must completed this application form.
3. The Applicant must provide a current transcript from the school, college or university attended in the past year (if the Applicant is a mature student please note such on the application). A minimum average of 70% is required.
4. The Applicant must show proof of acceptance or enrolment as a full time student at a post-secondary educational institution (college or university).
5. The Applicant may choose to submit a 30-60 second video or audio recording on the choice of two topics: Southeastern Mutual - present day company or the history of Southeastern Mutual (photos used must not be copyright protected).
6. The Applicant must provide a recent colour photo, with their application, to Southeastern Mutual for possible publication.
7. The Applicant must not have received any scholarship monies from Southeastern Mutual Insurance prior to this submission (Applicants may receive only one scholarship from Southeastern Mutual).
8. The Applicant must return the application form no later than 4:30 pm on May 15<sup>th</sup> to:

**Southeastern Mutual Insurance Company  
Scholarship Selection Committee  
663 Pinewood Road  
Riverview NB E1B 5R6**

*Please complete all questions*

**Name**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Address**

Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Phone Number**

\_\_\_\_\_

**Alternate Phone Number (if available)**

\_\_\_\_\_

**Email Address**

\_\_\_\_\_

**Date of Birth (DD/MM/YYYY)**

\_\_\_\_\_

**SouthEastern Mutual Property Policy Number**

\_\_\_\_\_

**Name of School/College/University attended in the past year (if mature student please indicate such)**

\_\_\_\_\_

**Address of School/College/University attended in the past year**

Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/ Zip: \_\_\_\_\_ Country: \_\_\_\_\_





