

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 15th to:

Southeastern Mutual Insurance Company Scholarship Selection Committee 663 Pinewood Road Riverview NB E1B 5R6 Please complete all questions

Name	
First Name:La	ast 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 t	the past year (if mature student please indicate such)
Address of School/College/University attended in	n the past year
Street Address:	
Address Line 2:	
City:	Province/State:
Postal Code/ Zip:	Country:

Name of Institution you plan to attend and the discipline you are pursuing (if undecided, please list all institutions).

Address of Institution you plan to attend		
Street Address:		
Address Line 2:		
	_ Province/State:	
Postal Code/ Zip:	Country:	
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 will be used only for valid educational purposes.		
Signature:	Date:	

At SouthEastern Mutual Insurance, one our our core values is supporting local communities and groups through financial giving and volunteering. For that reason, a criteria used in the selection our scholarship winners will be community involvement.

Please describe how you give back to your community.

Please tell us one positive experience that you (or the policyholder) has had with SouthEastern Mutual.

Do you make an effort to buy local? Why or why not?

Before buying a product/service or visiting a shop do you search them online?

When you think of the insurance industry, what comes to mind?

Please make a general statement regarding your future goals and dreams.

Please describe why you would be the best candidate for one of our scholarships.

