



2024 West Wawanosh Mutual Insurance Scholarship

Purposes and Amount of the Scholarship

The principal purpose is to support the sons and daughters of West Wawanosh Mutual Insurance Policyholders who have graduated high school and are pursuing post-secondary education. Applications may be received from sons and daughters of: Automobile, Commercial, Farm or Residential Insurance Policyholders

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. There are 6 scholarships available. Qualified applicants will be selected on a random basis. Plagiarism will not be tolerated.

Scholarship Topic:

Analyze the impact of mutual insurance on local communities. Discuss how mutual insurance initiatives contribute to community development, resilience, and economic stability. Provide examples or case studies that highlight the positive influence of mutual insurance at the community level.

Submit your assignment in a format that best suits your skills and interests (ex. essay (approximately 750 words), video, presentation, artwork etc.)

Conditions :

- The completed application and topic assignment must be received by West Wawanosh Mutual Insurance Company by September 30th, 2024
- Successful applicants will be notified by November 30th, 2024
- 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 1st, 2024

Declaration and Privacy Clause

"I authorize West Wawanosh Mutual Insurance Company 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 West Wawanosh Mutual Insurance Company to publish or present to the public, my name and the assignment 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 West Wawanosh Mutual Insurance Company, 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 _____

SCHOLARSHIP APPLICATION

Personal Information

First Name: _____ Last Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Email: _____

Phone #: _____

Broker or Agent: _____ Policy #: _____

Parents or Guardians: _____

Secondary School: _____

Academic Accomplishments:

Other Interests (hobbies, recreational, etc.):

Post-Secondary Institutions Applied to/Enrolled In (University/College/Other):

Applicant Signature _____ Date: _____

Applications and essays should be returned to:

Cathie Simpson, B.A., FCIP
President/CEO
West Wawanosh Mutual Insurance Co.

cathie.simpson@wwmic.com

* Children/Dependents of West Wawanosh Mutual Insurance Company employees or Directors are not eligible for the West Wawanosh Mutual Insurance Scholarship. Applicants' Parent/Guardian must hold a current West Wawanosh Mutual Insurance policy (automobile, commercial, farm, or residential) and be in good standing.