



GENERAL ELIGIBILITY REQUIREMENTS

Pictou Mutual Insurance Company annually provides up to five (5) individual post-secondary (community college or university) entrance scholarships in the amount of \$500.00 each.

TO BE ELIGIBLE:

1. The applicant must be a resident of Pictou, Colchester, Cumberland, Antigonish, Guysborough, East Hants or Halifax County.
2. The applicant or his/her parents (guardians) must be a current policyholder of our Company.
3. The applicant cannot be a son or daughter of any Director, Agent or Employee of our Company.
4. The applicant must show proof of acceptance or enrolment as a full-time student at a Nova Scotia Post-Secondary institution (community college or university).
5. The applicant must provide a transcript of marks showing academic standing.
6. The applicant must complete an application form provided by our Company.
7. The applicant must submit the completed application form no later than May 15th to the office of:

Pictou Mutual Insurance Company
368 Faulkland Street
P.O. Box 130
Pictou, Nova Scotia B0K 1H0

8. Successful applicants must provide a colour photo of themselves to the Company for publication.
9. The applicant must not have received any prior scholarship award from our Company in the past two years.

SELECTION PROCESS

There will be up to five (5) scholarships of \$500.00 each awarded each year from applications received. The applicant must have fully completed an application form and submitted it to the Company Head Office by the required date for consideration. Our Company shall notify the successful applicants by June 15th.

BEFORE ISSUING SCHOLARSHIP CHEQUES ON NOVEMBER 1ST, of the same year, the Company shall require applicants to provide proof of registration, for example, a copy of the paid tuition, a letter from the school or institution, or a photocopy of the student ID card.



SCHOLARSHIP APPLICATION

PLEASE PRINT

1. NAME _____
(last name) (first name) (initial)

2. HOME ADDRESS _____

3. MAILING ADDRESS _____
(if different from above)

4. PHONE NUMBER _____ DATE OF BIRTH _____

5. NAME OF INSURED _____ POLICY # _____

6. RELATIONSHIP OF APPLICANT TO INSURED _____

7. NAME & ADDRESS OF HIGH SCHOOL ATTENDED IN THE PAST YEAR

8. NAME & ADDRESS OF POST SECONDARY INSTITUTION YOU PLAN TO ATTEND

9. **DECLARATION OF APPLICANT**

I, _____, do solemnly declare to the best of my knowledge and belief that the information supplied above is correct and complete in every respect and that any monies issued to me will be used only for valid educational expenses.

SIGNED: _____ (Applicant)

WITNESS: _____

DATE: _____

REQUIRED ATTACHMENTS:

- A. OFFICIAL HIGH SCHOOL TRANSCRIPT, ISSUED UNDER SEAL OF SCHOOL
- B. CONFIRMATION OF ACCEPTANCE AND/OR REGISTRATION IN POST-SECONDARY INSTITUTION