



# SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Full Name:		Date of Birth (dd/mm/yyyy):
Address:		Policy Number:
City/Town:	Province:	Postal Code:
Email:		Phone:
Secondary school in attendance:		Graduating year:

## POST-SECONDARY INFORMATION

Name of College/University:	
Exact Program Name:	Accepted (Date):

## REFERENCES

Name	Position	Phone

## DECLARATION AND PRIVACY CLAUSE

I authorize Lambton Mutual to collect, use and disclose any of this personal information, subject to the law and Lambton Mutual's policy regarding personal information, for the purposes of communicating with me, assessing my application, detecting and preventing fraud, and awarding the scholarship should my application be chosen.

"I hereby consent and give permission to Lambton Mutual to publish or present to the general public, my name, city, photo(s), and school that I submit with this scholarship application. No other personal information about me can be published such as my contact information. I understand my submission, if published by Lambton Mutual, will appear with the correct copyright notice."

I certify that the information in this application is complete and correct. I authorize the selection committee to confirm any and all information contained herein.

Signature of applicant:	Date:
Parent/Guardian Signature: (If under 18 years of age)	Date:

**The Deadline for receipt is the last business day in June at 4:30 pm. Late and/or handwritten applications will not be accepted. Incomplete applications will not be considered.**



LAMBTON MUTUAL  
INSURANCE COMPANY

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### COMMUNITY INVOLVEMENT

How has your volunteer work made your community a better place?