



Scholarship Application – 2024

Salus Mutual Insurance Company (“Salus Mutual”) is offering up to five \$1,000 scholarships to students of any age pursuing postsecondary education at a Canadian university, college, or accredited program. Preference will be given to qualifying applicants who present superior quality assignments and who are pursuing studies in the property and casualty insurance field.

Eligibility

Applicants must be:

- Policyholders, children or wards of policyholders, or children or wards of Salus Mutual employees who have not already applied for a scholarship from Farm Mutual Re. Children or wards of directors are not eligible for the scholarship.
- Enrolled in postsecondary education at a Canadian university, college, or accredited program (proof of enrollment is required).
- Able to provide a valid Canadian Social Insurance Number (SIN) for tax purposes if selected as a winner.

Application

Applicants must complete and sign this application form and submit an assignment (details below) to be considered for the scholarship.

Applications must be received by 4:30 p.m. on August 31, 2024.

They can be dropped off at any of our office locations, or sent to us by mail or email at:

Mail: Salus Mutual Insurance Company
Donations Committee
20 Ebenezer Street West, P. O. Box 398
Ridgetown, Ontario N0P 2C0

Email: donations@salusmutual.ca

Assignment

Applicants are to check the Scholarship section of the Salus Mutual website for the assignment question.

The assignment can be submitted in the format that best suits your skills and interests, including an essay of up to 750 words, a video in MP4 format, a presentation, artwork, etc.

Personal Information

Applicant's name:	
Address:	
Phone number:	
Email:	
Policyholder or Salus Mutual employee name:	
Policy number:	
Parent/guardian name if applicant under 18 years of age:	
Postsecondary institution enrolled in:	
Name of program enrolled in:	

Legal Information

I authorize Salus Mutual to collect, use, and disclose any of the personal information listed above, subject to the law and Salus Mutual's Privacy Policy (available on our website) for the purposes of communicating with me about this scholarship, assessing my application for a scholarship, detecting, and preventing fraud, and awarding the scholarship should my application be chosen.

I hereby consent and give permission to Salus Mutual to publish or present to the public my name and my photograph (taken by Salus Mutual if a scholarship is awarded). No other personal information about me can be published, such as my address or school, without my permission.

I certify the information in this application is complete and correct and I authorize the Donations Committee to confirm all information contained herein.

Signature of applicant:	
Signature of parent/guardian if applicant under 18 years of age:	
Date:	