

Personal Information

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Academic Accomplishments

Work/Volunteer Experience

Other Interests (Hobbies, Recreational, Etc.)

Post-Secondary Institution Enrolled In

Attachments to the Application

1. Submission (ie. Essay, video, presentation, artwork, etc.)
2. Proof of enrolment in a full time post-secondary educational program must be provided from the Registrar's office prior to scholarship funds being released. The school term can be any term that starts in the twelve month period beginning September 1st in the year of the application.

Declaration and Privacy Clause

"I authorize Maple Mutual Insurance 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 Maple Mutual Insurance to publish or present to the general public, my name and the assignment I submit with this scholarship application in or on. No other personal information about me can be published such as my address, school or photograph. I understand my submission, if published by Maple Mutual Insurance, 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: _____

Parent of Guardian Signature: _____

(If applicant is under 18 years of age)