



2019 Application for The John E. Lowes Insurance Education Fund

Application Deadline Date:	Friday, September 27, 2019 at 5:00 pm EST
Awarding Body:	The Insurance Institute of Canada through The John E. Lowes Insurance Education Fund
Mail completed applications and support documents together to:	Insurance Institute Attention: John E. Lowes Insurance Education Fund 18 King Street East, 16th floor Toronto, ON M5C 1C4
Contact:	Tracy Bodnar (416) 362-8586 / 866-362-8585 Ext.2269 scholarships@insuranceinstitute.ca

Eligibility

The John E. Lowes Insurance Education Fund annually offers financial assistance in the form of up to two (2) scholarships of \$2,500 and up to two (2) scholarships of \$1,500 to be given to an eligible Ontario resident(s) pursuing full time post-secondary studies at a recognized college or university level as noted below.

Post Secondary Institutions	Scholarship Amount
Fanshawe, Mohawk, Conestoga, Durham, Seneca, Humber or Centennial College	\$1,500 (2)
Wilfrid Laurier University or University of Calgary	\$2,500 (2)

Selection is based on academic excellence throughout the applicant's high school and post-secondary (if appropriate) career, financial need, contribution to school, community life and/or other meaningful pursuits, major accomplishments and a strong indication of academic promise.

To be eligible, an applicant must meet the following criteria:

- Have had a permanent address in Ontario for no less than five years
- Be a Canadian Citizen or Permanent Resident
- Be accepted into the final two years of the four-year Bachelor of Commerce degree program with the Insurance and Risk Management major at the University of Calgary, or the final two years of the four-year Bachelor of Business Administration degree program with the Insurance and Risk Management concentration at Wilfred Laurier University,

or

- Be accepted into a recognized, full-time property/casualty insurance program at Mohawk, Seneca, Conestoga, Durham, Fanshawe, Humber or Centennial College
- Be registered for a full course load in one of the above programs
- Maintain continuous full-time studies during the academic year
- Give a clear indication of their intent to pursue a career in Ontario in the property/casualty insurance industry or risk management field
- Scholarships are conditional upon recipients completing their current school year with grades consistent to prior years

An official final transcript must be received at 18 King Street East, 16th floor, Toronto ON M5C 1C4 with an Application for The John E. Lowes Insurance Education Fund between now and no later than Friday, September 27, 2019 at 5:00 pm EST.

Scholarships are renewable for a second year. Students must re-apply by submitting a newly completed application form and found to be in keeping with prior academic standing for the applicant to be reconsidered.

STUDENT CHECKLIST

- Application completed and signed
 - Official final transcripts must be attached and received at 18 King Street East, 16th floor, Toronto ON M5C 1C4 with an Application for The John E. Lowes Insurance Education Fund between now and no later than **Friday, September 27, 2019 at 5:00 pm EST.**
- Proof of acceptance into a recognized university or college program
- Proof of enrolment in the named post secondary program
- Essay attached
- Two References
- Optional Reference Form

PERSONAL INFORMATION

Name:	(Surname)	(Given Names)
	<input type="checkbox"/> Ms.	
	<input type="checkbox"/> Mr.	
Date of Birth (mm/dd/yr)		Citizenship
		<input type="checkbox"/> Canadian
		<input type="checkbox"/> Permanent Resident
Home / Work Phone		Cell Phone
Email Address		

What is your preferred address?	<input type="checkbox"/> Mailing	<input type="checkbox"/> Permanent	
Mailing Address		Permanent Address	
City and Province		City and Province	
Postal Code		Postal Code	
Years Residing at Mailing Address	From:	Years Residing at Permanent Address	From:
	To:		To:

PROGRAM OF STUDY

Academic Year Scholarship Applied for	to	
	(mm/yr)	(mm/yr)
Name of University or College:		
Degree/Diploma wish to pursue:		
Major/Specialty:		
Year of Program Student Entering: [Please attach proof of enrolment to this application]	<input type="radio"/> 1 st year	<input type="radio"/> 2 nd year
	<input type="radio"/> 3 rd year	<input type="radio"/> 4 th year

ACADEMIC BACKGROUND

Post Secondary Institutions Attended

Year	Name	City/Town & Province	Date Completed

High Schools Attended

Year	Name	City/Town & Province	Date Completed

If you did not complete high school or a post-secondary term in the current academic year, please specify employment or other activity since last enrolled

OTHER AWARDS

List scholarship and academic awards received. List the most recent first.

Award	Academic Year
School	Value (if any)
Award	Academic Year
School	Value (if any)
Award	Academic Year
School	Value (if any)

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REFERENCES

It is the applicant's responsibility to provide two (2) references from their post-secondary school, high school and/or community.

Please provide two references from post secondary school, high school and/or community.

Name	Address	Phone	Occupation
1.			
2.			

The applicant may also have the attached **Optional Reference Form** completed by their references. Once completed, the forms must be placed in a sealed envelope and returned with this application.

DECLARATION

By signing this declaration, I acknowledge the following:

- It is my intention upon graduation from the program of study indicated for the purposes of this application, to pursue a career in the property/casualty insurance industry or risk management field in the province of Ontario.
- I confirm that I have had a permanent address in Ontario for no less than five years
- I hereby certify that all information given on this application is true and complete in every respect.
- For the purpose of verifying this application and any scholarship, the personal information on this application may be disclosed to any educational institution and if awarded a scholarship.
- I authorize the **John E. Lowes Insurance Education Fund** to release pertinent information to the donor(s) of the scholarship fund.

Signature

date

Reference Form

(optional)

Name of Applicant _____
Please print

Name of Reference _____
Please print

Scholarships offered by the **John E. Lowes Insurance Education Fund** rely in part upon information provided those who are personally familiar with the applicant. Consideration is given to the applicant’s school and community contributions and achievements, other meaningful pursuits, integrity of character, motivation, responsibility, leadership, and future academic promise. We are also hopeful that applicants will, upon graduation, seek a career in Ontario in the property/casualty insurance industry or risk management field.

Please complete the information requested on this form and return it to the applicant **in a sealed envelope with signature across the seal.**

1. In what capacity, have you known the applicant? *Choose one of the following*

- | | |
|--|---------------------------------|
| <input type="radio"/> Teacher /Professor | <input type="radio"/> Counselor |
| <input type="radio"/> Employer | <input type="radio"/> Friend |
| <input type="radio"/> Other: _____ | <input type="radio"/> |

2. How long have you known the applicant? For _____ years _____ months.

3. Please rate the applicant in the following categories:

	Outstanding	Very Good	Good	Average	Below Average	Personal Knowledge
Integrity Of Character	<input type="radio"/>					
Motivation	<input type="radio"/>					
Responsibility	<input type="radio"/>					
Demonstrated Leadership	<input type="radio"/>					
Future Academic Promise	<input type="radio"/>					
Contribution To School	<input type="radio"/>					
Contribution To Community	<input type="radio"/>					
Other Meaningful Pursuits*	<input type="radio"/>					

***Please specify**

4. Please elaborate upon the basis on which you made the evaluations in item 3. on the previous page

5. Briefly describe what you deem to be this applicant's most outstanding strengths and abilities.

6. Please add any further comments you feel may help clarify the applicant's worthiness for the **John E. Lowes Insurance Education Fund**.

Reference forms must be returned to the applicants **in a sealed envelope with your signature across the seal.**

Signature

Date