



HOWARD MUTUAL FOUNDATION

HOWARD MUTUAL FOUNDATION SCHOLARSHIP Completion of Volunteer Activities

Name of Student Volunteer: _____

The student named above is applying for a Howard Mutual Foundation Scholarship. The student must volunteer in their community as part of the Scholarship eligibility criteria (see howardmutualfoundation.ca/ for program details). Please complete the form below to verify the student's volunteer participation at your organization.

Part 1. Organization: General Information

Organization Name		
Contact Name		
Contact's Position		
E-Mail Address		Phone Number:

Part 2. Student Volunteer Work Details

Please provide details of the volunteer work that the student has completed over the last year for your organization. 'The last year' is defined as January 1st to December 31st of the calendar year preceding this application. Activities such as participation in co-op education or other activities that count towards a school credit, playing on a sports team, providing service to the student's immediate family or that the student receives financial gain for do not qualify for volunteer hours.

Description of Volunteer Work	Hours Worked	Dates

Part 3. Signature and Declaration

Privacy Statement

As part of the Scholarship application process, the Howard Mutual Foundation (HMF) collects some personally identifiable information to determine eligibility, and to manage the scholarship selection and award process. The HMF will share eligible names with their accountants (BDO Canada) for the purposes of a draw to select award recipients. As well, the HMF may share name, home town and a photo of award recipients for publicity purposes with media outlets. Award recipient names and the year in which they were awarded will be permanently recorded for historical purposes. The HMF will not share any personally identifiable information with any other third party. All application information will be securely retained and deleted one year after scholarship award. Questions about the collection of this information can be directed to: Treasurer, Howard Mutual Foundation, PO Box 118, Ridgetown, Ontario N0P 2C0.

I certify that the student has completed the volunteer work described above without any remuneration. I understand that any false or inaccurate information provided may lead to the student’s application being declined, or the withdrawal of any offer.

Signature: _____

Name: _____ Date: _____

