## LIVEBRIGHT SCHOLARSHIP PROGRAM



## Instructions:

If you meet the below criteria, you are NOT eligible to apply for the scholarship:

- 1. If your parent /legal guardian/ household member is an employee of Sun Life Financial Canada and its subsidiaries including Sun Life Global Investments (Canada) Inc. ("SLGI", collectively "Sun Life").
- 2. If your parent / legal guardian / household member is affiliated with Managing General Agent ("MGA"), Sun Life Financial Distributors Inc. ("SLFD") or Sun Life Financial Investment Services Inc. ("SLFISI").
- 3. If you or your parent / legal guardian / household member is employed or affiliated with any mutual fund dealer or investment dealer.

# **APPLICANT INFORMATION**

| First name:                                      | Middle                            | Middle initial:   |                             |                               | name:    |             |      |          |  |
|--|-----------------------------------|-------------------|-----------------------------|-------------------------------|----------|-------------|------|----------|--|
| Permanent home mailing address:                  |                                   |                   |                             |                               | Apart    | ment #:     |      | City:    |  |
| Province:  |                                   | Postal code:      |                             |                               | Coun     | try:        |      |          |  |
| Telephone:                                       |                                   | Email address:    |                             |                               |          |             |      |          |  |
| Date of birth: Month:                            | Day:                              | Year:             |                             |                               |          |             |      |          |  |
| HIGH SCHOOL DATA                                 |                                   |                   |                             |                               |          |             |      |          |  |
| School name:                                     |                                   |                   |                             | f attend                      | dance: F | rom         |      | То:      |  |
| City (school):                                   | City (school): Province (school): |                   |                             | Country (school) : Telephone: |          |             |      |          |  |
| Diploma awarded:                                 |                                   |                   | Secon                       | dary sc                       | hool cor | npletion da | ate: |          |  |
| POST SECONDARY SCHO                              | OL DATA                           |                   |                             |                               |          |             |      |          |  |
| Name of college, university o                    | or other post-second              | lary school you p | olan to a                   | attend n                      | ext aca  | demic yea   | r    |          |  |
| City:  | ty: Province:                     |                   |                             |                               |          |             |      | Country: |  |
| 4 year college or university 2 year of           |                                   |                   | community or junior college |                               |          |             |      |          |  |
| Vocational technical school Other, p             |                                   |                   |                             | please explain                |          |             |      |          |  |
| Which academic year in September of this year? 1 |                                   |                   | 2                           | 3                             | 4        | 5           |      |          |  |
| Date next academic year begins and ends:         |                                   |                   |                             |                               |          |             |      |          |  |



Major course of study you plan to pursue:

Length of program: Months:

Years:

When do you expect to complete this program/graduate?

What certificate/degree will you earn by that date?

## WORK EXPERIENCE

Describe your work experience during the past four years. Indicate dates of employment for each job and approximate number of hours worked per week.

| Employer/position | From | То | Hours per week | Were you paid<br>for your work?<br>Y/N |
|-------------------|------|----|----------------|--|
|                   |      |    |                |  |
|                   |      |    |                |  |
|                   |      |    |                |  |
|                   |      |    |                |  |
|                   |      |    |                |  |

## ACTIVITIES, HONOURS AND AWARDS

List all extracurricular activities (in and outside of school) in which you have participated in the past four years (i.e. student government, music, sports, volunteer work, etc.). Indicate all special awards, honours and offices held. Separate high school activities from post-secondary activities.

| Activity | No. of years participated | Special<br>awards/honours | Offices held | Activity | No. of years participated | Special awards, honours | Offices held |
|----------|---------------------------|---------------------------|--------------|----------|---------------------------|-------------------------|--------------|
|          |                           |                           |              |          |                           |                         |              |
|          |                           |                           |              |          |                           |                         |              |
|          |                           |                           |              |          |                           |                         |              |
|          |                           |                           |              |          |                           |                         |              |

## Goals and aspirations

Provide a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals. (140 words)



#### **APPLICATION CHECKLIST / TRANSCRIPTS**

The student is responsible for submitting all materials to Sun Life Global Investments on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

Student Application Form

Current complete transcript(s) of grades (academic records) from the last academic year

A one page flyer (300 – 500 words) on your best advice when it comes to managing your money and financial literacy

Please mail copies of each to: Sun Life Global Investments Marketing, 227 King Street South, Waterloo, Ontario, N2J 4C5. Attn: 302B36 Deadline is October 31, 2019.

OPTIONAL – a 1 minute video explaining the insights on your flyer. Please submit the video in .mp4 format only.

#### CERTIFICATION

I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. I agree to the scholarship's terms and conditions. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in the termination of any award granted.

I consent to Sun Life Global Investments collecting my personal information as required on the application form. I further consent to the use of my name and likeness in social and traditional media to announce my winnings, if applicable, and to promote the scholarship program. I agree to provide my Social Insurance Number for tax reporting purposes if my application is deemed a winner. I acknowledge that decisions are final.

Applicant's signature:

Date:

#### IF THE APPLICANT IS LESS THAN 18 YEARS OF AGE AT THE TIME OF THEIR APPLICATION, A PARENT OR LEGAL GUARDIAN MUST SIGN ON THEIR BEHALF

I certify that I am the parent or legal guardian of the Applicant. I understand and agree to the criteria, terms and conditions, and requirements of the Sun life Global Investments Scholarship Program. I have discussed these issues with the Applicant, including the collection of personal information by Sun Life Global Investments, and consent to the Applicant's participation.

| Parent/Guardian's signature:              | Date: |
|---|-------|
| Name of Parent / Guardian (Please Print): | Date: |

We are collecting your personal information in order to assess your eligibility for the Sun Life Global Investments Scholarship Program. By providing information such as your name, address, date of birth, academic records, personal opinions and intellectual property, you agree that it may be used by a selected committee of Sun Life Global Investments' employees who will select scholarship recipients based on an objective ranking process. We may also publish your name and likeness if you are selected as a winner and for other promotional purposes, as a condition of winning the award. If you do not agree to these terms or withdraw your consent for any of these terms (including the public sharing of the winner's name and photo) at a later date, this action will terminate your application. Sun Life Global Investments has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Sun Life Global Investments. It is recommended you keep a copy for your files. If you have any questions about how your personal information is being used or if you'd like to withdraw your application, please email scholarships@sunlifeglobalinvestments.com.