

## W.F. MacDonald Family Fund Scholarship Application

### Personal Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Education:

High School \_\_\_\_\_ Grade Level and Year Completed \_\_\_\_\_

Overall Average: Grade 10 \_\_\_\_\_ Grade 11 \_\_\_\_\_ Grade 12 \_\_\_\_\_

### Post Secondary Program Information:

Institution Name \_\_\_\_\_ Location \_\_\_\_\_

Program of Study \_\_\_\_\_

### Academic Achievement: (List Academic Awards and/or accomplishments)

### Leadership: (Summarize leadership attributes and examples of where they have been used)

**Citizenship: (Summarize volunteer experience and any other community and school involvement that pertains to citizenship. Also, explain your role in each of these items.)**

**References:**

**Academic**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Reference Letter Attached: Yes/No \_\_\_\_\_

**Leadership**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Reference Letter Attached: Yes/No \_\_\_\_\_

**Citizenship**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Reference Letter Attached: Yes/No \_\_\_\_\_

**Rationale: (Please provide a statement outlining your goals and aspirations for the future and why this scholarship is necessary for you to achieve your goals.)**

**Declaration:**

**I agree to:**

- immediately notify Battle River School Division in writing should I change my educational institution, program or study period.
- provide information or documentation as requested by BRSD to verify my statement in this application.

**I understand that:**

- I may be asked to make a public appearance as a formal acceptance of this scholarship.

**I declare that:**

- the information given in this application is true and complete and I understand it is subject to audit.

Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If you are under the age of 18 years, this form must be signed by you and your parent or legal guardian.