

The Sakitawak Development Corporation

John P. Daigneault Memorial Scholarship Fund

APPLICATION FORM

Candidates applying for this Scholarship program must be permanent residents of Ile a la Crosse who have been accepted into a program of post secondary studies at an institute or university approved by the Fund Management Committee.

Candidates are eligible to receive up to two academic year awards for which they must submit annual applications.

Completed application forms and required documents are to be received by the Fund Management Committee no later than July 15 of each year.

PERSONAL:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E.mail: \_\_\_\_\_

Birth Date: Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

Is this your first application to this Fund? Yes \_\_\_ No \_\_\_

ACADEMIC STUDIES

Name of institute or university you are planning to attend \_\_\_\_\_

Name the program of studies you are enrolled in: \_\_\_\_\_  
\_\_\_\_\_

Program of studies will lead to: Diploma \_\_\_ Certificate \_\_\_ Degree \_\_\_ Other \_\_\_

How many courses are you enrolled in? \_\_\_\_\_

ACADEMIC HISTORY

High School Completed in what year \_\_\_\_\_

Have you taken any other post secondary training: Yes\_\_ No\_\_ Completed?  
Explain\_\_\_\_\_

FINANCIAL INFORMATION

State all the sources and amounts of financial support you will be receiving this academic year? \_\_\_\_\_

REQUIRED ATTACHMENTS

1. Please write a letter of 500 words or less explaining why you need financial assistance, stating your life and career goals, and how your chosen course of studies will assist you in achieving your goals.
2. Attach transcripts of previous academic years.
3. Attach the letter of acceptance from the institute or university.
4. Attach a Personal Resume.
5. Attach three letters of reference from qualified persons.
6. Attach a colour headshot photo (to be used in advertisements or promotional materials of this Scholarship Fund).

DECLARATION

I hereby declare that the information that I have provided is correct and that I plan to be a full time student in the post secondary program during the academic term stated above. I understand that if I discontinue my full time studies, that I may be required to repay a pro-rated share of the funds provided me by this Scholarship Fund.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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