

# Spectrum / Mt. View Scholarship Application

## Graduation Class of 2024

Surname\_\_\_\_\_ First Name\_\_\_\_\_

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

Phone \_\_\_\_\_ **Social Insurance Number** \_\_\_\_\_ (required)

Email address \_\_\_\_\_

Alternate phone number or contact number: \_\_\_\_\_

School you plan to attend in September 2024 \_\_\_\_\_

Program \_\_\_\_\_ Year to start \_\_\_\_\_ (if deferring)

### Application Process:

- Spectrum Community School will attach your official transcripts
- Completed application form must be submitted to Ms. Crisp by May 31, 2024
- You MUST have a teacher sponsor complete the Teacher Recommendation Section of the application form before submitting it. The following information will assist the Selection Committee to assess the application. An additional sheet may be submitted – BULLET FORMAT IS PREFERABLE.
- Please complete in ink or type.

1. List clubs, organizations, or teams of which you were a member both in AND out of school.

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2. List awards, certificates, honour roll, and other achievements in AND out of school.

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3. Describe your current career goals and post-secondary plans.

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4. IN POINT FORM, list any other criteria the Spectrum Mt. View Alumni Scholarship Committee should be aware of that makes you a strong candidate (i.e. volunteering, subjects in which you excel, athletics etc.)

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I certify that all the information contained in the application is accurate. I consent to the review and release of this application to designates of the Spectrum Mt. View Alumni Scholarship Committee.

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

### **Teacher Recommendation Section (to be complete by your sponsor teacher)**

In what capacity have you known the student? \_\_\_\_\_

Please rate this student for the following qualities:	Superior	Very Good	Good	Average	N/A
Academic Performance					
Attitude					
Communication Skills					

Intellectual Curiosity					
Leadership					
Work Ethic					

Teacher Name: \_\_\_\_\_ Signature: \_\_\_\_\_