

Spectrum Mt. View Alumni Association Scholarship Application

Graduation Class of 2025

Name _____

Address _____ PC _____

Social Insurance Number _____ PEN _____
(required) (required)

Date of Birth _____ Phone number _____
(required) (required)

Email address _____
(not an SD 61LEARN Email address)

Phone number or contact number: _____

School you plan to attend in September 2025 _____

Program _____ Year to start _____ (if deferring)

Application Process:

- Spectrum Community School will attach your official transcripts
- Completed application form must be submitted to Ms. S. Crisp by **June 2, 2025**
- You **MUST** have a teacher sponsor complete the Teacher Recommendation section of the application 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.

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

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

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

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 Association Scholarship Committee.

Signature: _____ Date: _____

Teacher Recommendation

In what capacity have you known this 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: _____