

# *Spectrum Mt. View Alumni Association Scholarship Application*

**Graduation Class of 2026**

**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 2026** \_\_\_\_\_

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

## **Application Process:**

- Spectrum Community School will attach your official transcripts
- Completed application form must be submitted to Mr. C. Lubinich by **May 16, 2026**
- 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).

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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 Association Scholarship Committee.

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

### Teacher Recommendation

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

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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: \_\_\_\_\_