



JOHN P. DAIGNEAULT MEMORIAL SCHOLARSHIP FUND

APPLICATION FORM

Candidates applying for this scholarship program must be permanent residents of Ile-a-la Crosse and have been accepted or currently enrolled in post-secondary studies at an institute or university approved by the Fund Management Committee.

Candidates are eligible to receive maximum up to 2 academic awards per program for which they must submit annual applications. Preference will be given to students working on their first certificate or degree.

Completed application forms and required documents are to be received by the Fund Management Committee no later than **October 17th, 2025 @ 5:00pm.**

PERSONAL:

Full Name: _____

Address: _____

Phone: _____ Email: _____

Birth Date: Y _____ M _____ D _____

Have you received this scholarship previously? Yes or 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: Certificate____ Diploma____ Degree____ Other____

How many classes are you enrolled in? _____ Will this be a full course load? Yes or No
.../2

ACADEMIC HISTORY

Completed high school in what year _____

Have you taken any other post-secondary training: Yes or No Completed?

If yes, but not completed, explain: _____

FINANCIAL INFORMATION

State all the sources (person, organization, agency) 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, why you have selected this specific course of study, and why you should be selected for this scholarship.
2. Attach transcripts of previous academic years.
3. Attach the letter of acceptance or proof of enrolment from the institute or university.
4. Attach a personal resume.
5. Attach two letters of reference from qualified persons.
6. Attach a colour headshot photo (will not be returned).

DECLARATION

I hereby declare that all the information provided is true and correct to the best of my knowledge. I intend to be a full-time student in post-secondary studies during the academic year 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 to me by this scholarship fund. If selected, I agree to allow SDC to use my name and attached headshot photo in publicity or promotional material.

Date: _____ Signature: _____