



## **Stoughton Credit Union Ltd.** **Scholarship Program**

**OBJECTIVE:** To support the youth in our community in the pursuit of post-secondary education

To provide three scholarships in the amount of \$500.00 each annually to three graduating grade twelve students.

### **CRITERIA**

1. The Student or a parent must be a member of the Stoughton Credit Union for at least one year prior to the application date.
2. The Student must be completing Grade 12 standing in the year the scholarship is applied for.
3. The Student must be furthering his/her education at a post-secondary institution.
4. Qualifying institutions are Canadian University, recognized Technical Institution, Business College.

Applications are available at local schools or at either office of the Credit Union in Stoughton or Kisbey. Applications close May 14, 2025.

Presentations will try to be made at each recipient's graduation ceremonies.

The Scholarship shall be paid a) \$250 upon confirmation of enrollment.

b) \$250 upon confirmation of enrollment of the 2nd Semester.

# SCHOLARSHIP APPLICATION 2025

Please **type** your answers. Use an additional piece of paper if necessary.

[illegible]



8.	<p>A. If you have decided on the college you will attend, please list the school's name:</p> <p>B. If not, list your top three (3) college choices:</p>
9.	Anticipated field of study & length:
10.	<p>If you have been working part time:</p> <p>a) Where: _____</p> <p>b) How Long: _____</p>
11.	<p>Name &amp; address of parent(s) or legal guardian(s):</p> <p><i>(Include address if different than your own listed in Question 2.)</i></p> <p>Name(s):</p> <p>Street:</p> <p>City: Province: Postal Code:</p> <p>Home phone of parents or legal guardians: Work phone:</p>
12.	Other pertinent information about myself:
13.	Career aspirations upon graduation from my field of studies are:
14.	Why I feel I deserve special consideration based upon merit and need:



### **STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote Stoughton Credit Union Ltd. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to Stoughton Credit Union Ltd. Scholarship policy, it is my responsibility to submit to the Stoughton Credit Union Ltd., no later than July 2025, a certificate of enrollment for the fall semester, which includes the Student ID number.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR/PRINCIPAL**

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Stoughton Credit Union Scholarship Program.

Name of Guidance Counselor/Principal: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor/Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Checklist:

- ☐ Application
- ☐ Guidance Counselor signature

**MAIL COMPLETED APPLICATION PACKAGE TO:**

**Stoughton Credit Union  
Attn.: Scholarship Committee  
P.O. Box 420  
Stoughton, SK S0G 4T0**

**REMINDER:**

**Applications must be received by the Stoughton Credit Union no later than May 14, 2025  
There will be no exceptions!**