

Sir John A Macdonald Scholarship



APPLICATION INFORMATION

The South Surrey-White Rock Conservative Electoral District Association invites eligible students to submit an application for this post-secondary scholarship program for one of several awards given out by the association. This program was established in 2004 to recognize the achievements of the future leaders in our community.

ELIGIBILITY

- Applicants must live in the geographical area of the South Surrey-White Rock Electoral District, as defined by Elections Canada, and attend one of the high schools located in the riding (Earl Marriott Secondary, Elgin Park Secondary, Grandview Secondary School, Semiahmoo Secondary, Southridge School, St. John Paul II Academy, or White Rock Christian Academy) or be homeschooled.
- Applicants must be planning to attend full-time studies at a post-secondary institution during 2026-27. The post-secondary program can be either academic or trades training.
- Applicants must be current full time Grade 12 students.
- Applicants must hold a Canadian SIN card or Permanent Resident Card.

CRITERIA

In its application adjudication, the South Surrey-White Rock EDA's Scholarship Committee will evaluate applicants' demonstrated leadership as well as the following criteria:

1. Scholastic achievements
2. Community involvement and accomplishments
3. Commendation from references

APPLICATION REQUIREMENTS

Submissions must include:

1. Completed 2026-27 Community Scholarship Application form (attached)
2. Essay response to given question (attached)
3. Copy of the applicant's academic transcripts
4. One academic/school reference letter
5. One personal reference letter

Please email your application to sjamscholarship@gmail.com by March 27, 2026.

***Only successful applicants will be notified.**

APPLICATION FORM

Personal Information _____

Full name: _____
Last First Middle Initial

Date of submission: _____

Address: _____
Street Address Apt/Unit #

Phone number: _____

City _____ Prov _____ Postal Code _____

Email: _____

Personal Education Number: _____ SIN No.: _____ Date of birth: (dd/mm/yyyy) _____

Are you a Canadian citizen? Yes No

Are you a permanent resident? Yes No If yes, please write PR No.: _____

Education _____

Current high school: _____

Address: _____

From: _____ To: _____ Graduation Date: _____

Past high school: _____

Address: _____

From: _____ To: _____ Graduation Date: _____

Employment _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Is this a current job? Yes No

May we contact your previous supervisor for a reference? Yes No

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Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job title: _____ From: _____ To: _____
Responsibilities: _____
Is this a current job? Yes No
May we contact your previous supervisor for a reference? Yes No

Volunteer Experience _____

Organization: _____ Phone: _____
Address: _____ Supervisor: _____
Job title: _____ From: _____ To: _____
Responsibilities: _____
Is this a current volunteering position? Yes No
May we contact your previous supervisor for a reference? Yes No

Organization: _____ Phone: _____
Address: _____ Supervisor: _____
Job title: _____ From: _____ To: _____
Responsibilities: _____
Is this a current volunteering position? Yes No
May we contact your previous supervisor for a reference? Yes No

Organization: _____ Phone: _____
Address: _____ Supervisor: _____
Job title: _____ From: _____ To: _____
Responsibilities: _____
Is this a current volunteering position? Yes No
May we contact your previous supervisor for a reference? Yes No

References _____

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Teacher Signature _____

Name:	_____	Place of work:	_____
Phone number:	_____	Email:	_____
How do you know the student? _____			
Have you read the scholarship eligibility information? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you feel that the applicant fits the eligibility criteria and demonstrates exceptional leadership? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature:	_____	Date:	_____

Parent/Guardian Contact Information _____

Name:	_____	Phone:	_____
Email:	_____		

Applicant Disclaimer and Signature _____

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in the disqualification of my submission.

Signature:	_____	Date:	_____
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