



Suite 205 - 3303 Hillsdale Street  
Regina, Sk. S4S 6W9  
Phone: (306) 525-0562  
FAX: 565-0989  
Email: rcsta@sasktel.net

## **RCSTA Scholarship Application Form**

**NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**NAME & POSITION HELD BY PARENT(s)/GUARDIAN(s) member(s) of the RCSTA:**

\_\_\_\_\_

### **1. EDUCATIONAL PLANS:**

**A)** Post-secondary institutions at which you are enrolled or plan to enrol:

\_\_\_\_\_

**B)** Program or Course of Study in which you are enrolled or intend to enrol:

\_\_\_\_\_

**C)** Degree/Diploma sought: \_\_\_\_\_

**D)** Have you been conditionally accepted into the post-secondary program of your choice? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

### **2. HIGH SCHOOL BACKGROUND:**

**A)** School attended for Grade XII: \_\_\_\_\_

**B)** Please attach a verified transcript of Division IV marks. Current Grade XII students are requested to also submit Semester II mid-term marks.

**3. PERSONAL INVOLVEMENT:**

Please attach a typed summary that will provide an outline of your personal involvement in each of the areas listed below. Please address each area separately. Be aware that points are assigned to each area; therefore, appropriate details must be provided.

- a) **School Activities/Involvement**
- b) **Community Activities**
- c) **Parish Activities**
- d) **Part-time and/or Summer Jobs**

**4. EDUCATIONAL AND FUTURE GOALS:**

Please submit a short statement that defines your goals in higher education and explains how these goals fit in with your plans for a future career.

**5. PERSONAL REFERENCES:**

Please have the attached Recommendation Forms completed by your chosen references and send them directly to the address specified at the bottom of this page. These recommendation Forms should include one submitted by a:

- A) teacher, administrator, or guidance counsellor from the high school attended.
- B) person who has supervised you in a community or parish activity, or someone who is or has been your employer.

**6. PERSONAL REFERENCES CONTACT INFORMATION:**

Please provide the names, addresses and phone numbers for the references chosen:

- A) **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number(s):** \_\_\_\_\_
- B) **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number(s):** \_\_\_\_\_

**7. SUBMISSION OF APPLICATION:**

Please return the completed Scholarship Application Forms by June 15 to:

**R.C.S.T.A. Scholarship  
President, R.C.S.T.A.  
205 – 3303 Hillsdale Street  
Regina, SK S4S 6W9**