



## Instructions: National Scholarship Program Application

### A. The Criteria for the Scholarship is as Follows

1. The RCMP will award annually, 50 scholarships of \$1000.00 (each), to direct dependents of regular, civilian, retired or former members of the RCMP (including CSIS) for academic excellence in any discipline of further education, **in a full time course of study** at a post-secondary school leading to a degree or diploma. This program is not open to grandchildren of members or former members.
2. The applicant may apply if they are under the age of 25 years and will be or are enrolled in a Canadian university, college or cégep full-time.
3. Applicants must achieve a minimum average of 75 percent in the graduating year of secondary school to qualify. If final marks are unavailable by the cut-off date, mid-term marks will be accepted. However, submission of final marks is required when received.
4. Applicants must have community leaders/teachers provide a one-page letter of reference that demonstrates how they have made a **significant, voluntary contribution** as a member of their school and/or community.
5. Submit your application by email between May 1st and no later than July 15th.
6. Previous recipients of an RCMP National Scholarship Program Award **cannot re-apply**.

### B. Completion Instructions

1. Attach a scanned copy of:
  - a. A one-page letter of reference describing your community/school volunteer work.
  - b. An official transcript from your secondary school. Do not send university/college transcripts.
2. Incomplete forms will not be considered.

### C. Other Information

1. Only award recipients will be contacted.
2. Payment will be made to the university/college upon proof of registration.



# National Scholarship Program Application

Date Completed (yyyy-mm-dd)

## Applicant Information

Surname	Given Names	Initials	Date of Birth (yyyy-mm-dd)
Mailing Address	City	Province	Postal Code (A9A 9A9)
Telephone Number (include area code)	Email		

## Secondary School

Name of Secondary School	Grade Completed	Average Mark (%)
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## Post-Secondary School

Name of University/College/Cégep	Certificate Type <input type="radio"/> Degree <input type="radio"/> Diploma	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)
Mailing Address	City		
Province	Postal Code (A9A 9A9)	Telephone Number (include area code)	Student Number
		Total Tuition Fees	

Major	Signature of Applicant	Date (yyyy-mm-dd)
In the event of withdrawal from post-secondary education during the scholarship year, any registration funds reimbursed by the university/college/cégep will be returned to the Benefit Trust Fund.		

## Member Information

Surname	Given Names	Initials	Regimental No.	Division	Province
Physical Posting	Type of Member <input type="radio"/> Active <input type="radio"/> Retired <input type="radio"/> Former			Cost Centre (A9999)	
I certify that the applicant is my dependent in accordance with terms and provisions of the <i>Income Tax Act</i> and that the information provided is true and complete to the best of my knowledge. My dependent is registered in a full-time degree or diploma program and is under the age of 25 years.	Signature of Member			Date (yyyy-mm-dd)	

## Submission Instructions

Submit the completed form with attachments by email to: [benefittrustfund-caissefiduciairedebienfaisance@rcmp-grc.gc.ca](mailto:benefittrustfund-caissefiduciairedebienfaisance@rcmp-grc.gc.ca)

## Benefit Trust Fund Use Only

Date Application Received (yyyy-mm-dd)	Confirmed Average	Comments
Letter of Reference attached <input type="radio"/> Yes <input type="radio"/> No	Surname	Given Names
Meets the Selection Criteria <input type="radio"/> Yes <input type="radio"/> No	Signature of Benefit Trust Fund Analyst	Date (yyyy-mm-dd)