



SKLF SCHOLARSHIP PROGRAM STATEMENT OF ACCURACY

Section 1: Applicant Declaration

I, the undersigned Applicant, hereby affirm that all information provided in this application and all supporting documentation is true, accurate, and complete to the best of my knowledge. I understand and agree to the following conditions:

- I will not submit this application without all required attachments. Incomplete applications or those that do not meet eligibility criteria will not be considered.
- If selected as a recipient, I must be present at any potential awards ceremony, graduation event, or reception to receive my award.
- To receive payment, it is my responsibility to remit my first-semester post-secondary transcript to SKLF as proof of enrollment, along with my Social Insurance Number (SIN), in accordance with Canada Revenue Agency (CRA) guidelines. I understand that SKLF will issue a T4A slip for the scholarship funds I receive.
- Acceptance of the award constitutes permission to use my name and appearance in photo, video recordings, digital images, and the like, taken or made on behalf of SKLF for promotional purposes without additional compensation.
- I understand that misrepresentation or conduct contrary to SKLF's values prior to payment may result in the voiding of my recipient status and the award.

Applicant Signature: _____

Date: _____



Section 2: School Official Verification

To be completed by a High School Principal, Guidance Counselor, or Teacher.

I hereby certify that the applicant is a student in good standing, is on track to graduate in 2026, and that the academic and extracurricular information provided in this application is, to the best of my knowledge, accurate and consistent with school records.

School Official Name & Title: _____

Signature: _____

Date: _____

Section 3: Parent or Legal Guardian Consent

Required for all applicants under the age of 18.

I, the undersigned, am the parent or legal guardian of the applicant. I have reviewed the Applicant Declaration above and the application itself and grant my consent for its submission. I acknowledge the SKLF membership requirement and the necessity of providing a Social Insurance Number (SIN) for tax reporting purposes should the applicant be selected.

Parent or Guardian Name: _____

Signature: _____

Date: _____



Application Checklist

- Signed Statement of Accuracy (this document)
- Minimum (1) Letters of Recommendation (1 school admin, 1 community/volunteer)
- Official High School Transcript
- Completed essay summarizing your connection to agriculture/livestock industry & why you feel you would qualify for this scholarship plus your volunteer work and extracurricular activities including phone number, email and address.
- Graduation Photo (Required for payout)

Contact Information

For any questions regarding the SKLF Scholarship Program, please contact:

SKLF Scholarship Committee

34 – 395 Park Street

Regina, SK S4N 5B2

Email: contact@sklf.ca