



PROGRAM GUIDELINES

Trimac is pleased to offer scholarships to encourage academic excellence and higher education for children of Trimac employees.

Here's what you need to know.

NUMBER, VALUE, AND DURATION OF SCHOLARSHIPS

Up to eight scholarships, valued at \$1500 Canadian for dependents of Canadian employees or \$1500 American for dependents of American employees, are available to eligible students for one year. Scholarships are available for bachelor's degree or diploma-level programs.

ELIGIBILITY

You are eligible if you:

- Have a parent or guardian who is an active full-time employee of Trimac or active full-time Canadian Independent Contractor of Trimac.
- Have never been a permanent full-time employee of Trimac.
- Are unmarried.
- Are under the age of 25 by September 1st, 2025.
- Are planning to start or continue full-time studies in your first bachelor's degree or diploma program.
- Have a minimum cumulative average of 75% or equivalent over the last three terms of available marks. (Non-academic courses, such as career or personal development-related courses, will not be considered.)

ELIGIBLE INSTITUTIONS

You can study at Canadian, American, and foreign educational institutions that have recognized degree, diploma granting powers or their affiliates (e.g., universities, colleges, CEGEP technical diploma).



FIELDS OF STUDY/PROGRAM REQUIREMENTS

Your program of study can be in any field or discipline, lasting at least two years. University preparatory programs such as CEGEP pre-university diplomas are not eligible. Depending on the curriculum, an applied bachelor program may be considered either as a university level program or a college level program.

CONDITIONS/RESTRICTIONS

- If you start post-secondary studies in January, you are eligible for the summer competition of the same year.
- Your scholarship will stop at the end of the academic year if your parent or guardian is no longer an employee or a Canadian Independent Contractor of Trimac.
- If you have a parent or guardian who is an Officer or Director of Trimac, you are not eligible to apply.
- If you have previously held a J. W. McCaig Scholarship, you may re-apply in subsequent years. However, a maximum of two scholarships can be awarded per recipient.
- Trimac retains the right to change or end the sponsorship of the scholarship plan without notice.

HOW TO APPLY?

To apply for the scholarship, please submit an online application no later than **April 16, 2025, at 1:00 PM EST**, by visiting <https://portal.scholarshippartners.ca>.

Access the dependent scholarship program using the company code: **265TRI2025**

You can also submit a Spanish paper application no later than **April 16, 2025, at 1:00 PM EST** to:

Scholarship Partners Canada
Ref: J. W. McCaig Scholarship
1610-350 Albert Street
Ottawa ON K1R 1A4



Remember, the application must be completed and submitted by you and not by your parents or guardian. If you have questions, please contact SPC at <https://spc.univcan.ca/>.

REQUIRED DOCUMENTS:

- **Employee consent form** completed by the Trimac employee or the Canadian Independent Contractor of Trimac.
- Both an **academic** and an **extracurricular reference form** filled out by someone not related to you.
- **Transcripts** of the **last three terms of available marks**. Home school grades will only be accepted if they have been validated through a recognized independent evaluation process.
- And, **an essay** describing your volunteer/community involvement and/or extracurricular activities over the past three years.

Detailed instructions can be found in the application. Remember, your application must be complete to be evaluated, and deadline extensions will not be granted.

EVALUATION CRITERIA

Applications are assessed on academic performance; volunteer/community involvement and/or extracurricular activities; and content and relevance of reference forms.

SELECTION PROCESS

A committee of Canadian university and college representatives, chosen by Scholarship Partners Canada (SPC) select scholarship recipients. Trimac has no influence on the decision. The selection committee's decision is final.

All applicants will receive the results of the selection process by email.



SUCCESSFUL APPLICANTS

You will receive a scholarship confirmation in August. When you receive your confirmation, complete the online acceptance process and submit any necessary documentation, which includes proof of registration from your educational institution.

SCHOLARSHIP PAYMENT

Payment will be made after the acceptance process and document review. It can take **6 to 8 weeks**, depending on the method of payment chosen. Funds will be sent to your bank account on behalf of Trimac. If studying abroad, payment will be made to your Canadian address in Canadian funds or to your American address in American funds.

Please make sure to pay your tuition fees within the defined time frame, regardless of the timing of scholarship payment. Your institution will reimburse you according to their normal practices.

We will communicate with you through your student portal account. Be sure to keep contact information up to date and to notify us of any changes.

Trimac has entrusted the administration of its scholarship program to SPC, a division of Universities Canada. We administer over 140 scholarship programs for corporations, government agencies, and private foundations in North America and are affiliated with top companies in almost every sector of the economy. For more details, please visit www.univcan.ca.

SCHOLARSHIP PARTNERS CANADA

Ref: J. W. McCaig Scholarship

1610-350 Albert Street Ottawa ON K1R 1A4

Toll free: 1-844-567-1237

Scholarship
Partners Canada.
Partenaires en bourses
d'études Canada.

J. W. McCaig Scholarship Employee Consent Form

Scholarship Name	
Scholarship Name:	
Applicant	
Applicant Name:	
Applicant Email:	
Account Number (if known):	
Employee Information	
Employee Name:	
Name of Employer:	
Position:	
Work Location – Please specify using one of the following options: a) Canada – Calgary Head Office b) Canada – All other locations c) United States – Houston Head Office d) United States – All other locations	
Employment type – Please specify using one of the following options: a) Hourly employee b) Salaried employee c) Canadian Independent Contractor	
Employee Number:	
Declaration of Employee Eligibility	
<p>You are asked to complete this form as the parent or guardian of a dependent applying to a scholarship program administered by Universities Canada. To complete the application process, some information from you is required to confirm that your dependent is an eligible scholarship candidate under the terms of the program. This information will not be used or disclosed for any other purpose unless required or authorized by law. By completing and submitting this form you are consenting to the collection, use, disclosure and retention of this personal information for the above-stated purposes. You may refuse to provide this information to us or withdraw your consent at any time, subject to legal or contractual restrictions and reasonable notice. In either case, this may limit your dependent's scholarship eligibility.</p> <p>A full version of Universities Canada's Privacy Code which outlines Universities Canada's complete personal information management practices, policies and procedures is available online at www.univcan.ca. Please contact the Privacy Officer by email at privacy@univcan.ca should you have any privacy related questions or concerns.</p> <p>To confirm your relationship with the applicant and to provide your employment details, please submit the completed form via email or uploading it to the application portal. This form must be received on or before the deadline noted in the program guidelines.</p> <p>After reviewing the scholarship program guidelines, I confirm that by the deadline date, I will meet all employee eligibility requirements.</p>	
Date:	Signature:

INSTRUCTIONS

You have been asked to complete a reference form on behalf of a student applying for a scholarship administered through Scholarship Partners Canada. Both the applicant and our selection committee appreciate your time and support.

This reference form must be completed by an individual who is not related to the applicant. The form must be dated, typewritten, signed with an electronic or physical signature, and include your contact information. Reference forms must be dated within one year of the application deadline date. Please confirm the application deadline with the applicant.

Please read the questions in the following form and provide your assessment by typing directly in the text boxes.

Once you have completed the form, save the document as a PDF and send it back to the applicant so they may include it in their application.

For support, please open a Ticket through the UC Student Ticket System:

https://portal.scholarshippartners.ca/ex/ex_Apppage.jsp?token=Hw8ITR0GYV1QShNR&lang=1

GENERAL INFORMATION

Applicant Information

1. Applicant Full Name:

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2. Scholarship Name:

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Referee Information

1. Referee Full Name:

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2. Position / Title:

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3. Institution:

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4. Address:

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5. Telephone:

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6. Email:

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APPLICANT ASSESSMENT

1. How long have you known the applicant and in what capacity? (max. 600 characters)

2. What is your assessment of the applicant's potential to successfully complete their program of study (max. 600 characters)

3. Why do you feel this applicant would be a good candidate for this award? (max. 1200 characters)

4. Please list three of the applicant's strengths (max. 75 characters per strength)

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-
-

5. Do you have any additional comments regarding the applicant and/or their candidacy for this award? (max. 600 characters)

SIGNATURE

I hereby certify the information provided in this report is true and accurate to the best of my knowledge (**please note that an original or digital signature is required; please upload an image of your signature, or sign by hand**).

Click or tap to enter a

Date: date.

Please save this document as a PDF and send it to the applicant so they may include it in their application.

SCHOLARSHIP PARTNERS CANADA
1610-350 Albert Street Ottawa ON K1R 1A4

Tel.: (613) 563-1236
Toll free: 1-844-567-1237

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1. Applicant Full Name:

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Referee Information

1. Referee Full Name:

--

2. Position / Title:

--

3. Institution:

--

4. Address:

--

5. Telephone:

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6. Email:

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APPLICANT ASSESSMENT

1. How long have you known the applicant and in what capacity? (max. 600 characters)

2. Describe the applicant's role in your organization, their accomplishments and how their service impacted the organization or community. (max. 1200 characters)

3. Describe the applicant's personal character and leadership potential. (max. 600 characters)

4. Please list three of the applicant's strengths (max. 75 characters per strength)

-
-
-

5. Do you have any additional comments regarding the applicant and/or their candidacy for this award? (max. 600 characters)

SIGNATURE

I hereby certify the information provided in this report is true and accurate to the best of my knowledge (**please note that an original or digital signature is required; please upload an image of your signature, or sign by hand**).

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