

The Rotary Club of Mississauga West

“Service Above Self”*

Awarded to full-time UofT Mississauga students registered in Year 2 or higher who have extensive involvement in community-based volunteer activities in the Mississauga community. Academic merit and financial need is also considered.

Applicant Information

Surname

First Name

Student Number

Checklist:

- Registered full-time at UofT Mississauga in Year 2 or higher (minimum of 8.5 credits completed at the end of the 2017-2018 Fall/Winter session)
- Have high academic standing (CGPA or 3.0 or higher)
- Have demonstrated financial need by qualifying for 2017-2018 OSAP/Out-of-Province assistance
- Attached an **anonymous** 1-2 page summary of community-based volunteer activities in the Mississauga community illustrating your “Service Above Self”*. Outline that includes:
 - a) Each organization (name, address, etc.)
 - b) Your activities/participation within each organization
 - c) Total hours or average hours per week
 - d) Months and/or Years of your direct involvement
- Completed Application, Reference and Declaration pages
- Submit to the Office of the Registrar UofT Mississauga, Room 1235, Innovation Complex no later than **May 30, 2018**.

IMPORTANT: In order to provide anonymity in the judging process, please DO NOT indicate your name or Student Number anywhere on your volunteer summary.

For the purposes of this bursary, The Rotary Club of Mississauga West defines “Service Above Self**” as “volunteer activities that contribute to civic betterment, answer needs or improve the quality of life. Such activities include assisting the helpless, the ill, the disabled, senior citizens, the environment, or contributing time and effort to charitable projects or organizations.”*

The successful applicant(s) will be notified by email.

References:

List two individuals who can attest to your volunteer activities. Letters of recommendation are **not** required.

1.	_____	_____
	Name	Position
	_____	_____
	Organization	Telephone Number
2.	_____	_____
	Name	Position
	_____	_____
	Organization	Telephone Number

Declaration:

I hereby certify that I have read the information regarding the protection of my privacy and that the information provided in and with this application is, to the best of my knowledge, true and complete. I also authorize the release of the information contained herein to the appropriate Scholarship Selection Committee.

Signature

Date

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5385, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.