Mississauga Board of Trade
In-Course Award in Commerce and Management

Awarded to full-time UofT Mississauga students upon completion of Year 1 who are enrolled in either a Management or Commerce Program and who have extensive involvement in community-based volunteer activities. Academic merit and financial need are also considered. Preference given to students who are Mississauga residents.

Applicant Information

Surname __________________________ First Name __________________________ Student Number __________________________

Checklist:

- Registered full-time in either a Management or Commerce Program (completed a minimum of 4.0 credits at the end of 2017-2018 Fall/Winter Session)
- Have attained high academic standing
- Have demonstrated financial need by qualifying for OSAP assistance for 2017-2018 Fall/Winter session
- Resident of the City of Mississauga
- Attached a 1-2 page summary of extracurricular community-based activities including the time periods and number of hours you spent in each activity. Outline that includes:
  a. Each organization (name, address, etc.)
  b. Your activities/participation within each course/organization
  c. Total hours or average hours per week
  d. Months and/or Years of your direct involvement
- Attached a ½ -1 page statement of how you have significantly improved the life for Mississauga Residents
- Completed Application, Reference and Declaration Pages
- Submit to the Office of the Registrar UofT Mississauga, Room 1235, Innovation Complex no later than February 1, 2019.

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

Payment of this award is conditional upon full-time registration in Year 2 of either a Management or Commerce Program at UofT Mississauga for the 2018-2019 Fall/Winter Session.
References:
List two individuals who can attest to your volunteer activities. Letters of recommendation are not required.

1. _____________________________________________  ____________________________
   Name                                               Position
   ____________________________  ____________________________
   Organization                              Phone Number

2. _____________________________________________  ____________________________
   Name                                               Position
   ____________________________  ____________________________
   Organization                              Phone 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

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