The Charter of Accountants Scholarship

Awarded on the recommendation of the Department of Management, to full-time UofT Mississauga students enrolled in either Year 2 or 3 of the Bachelor of Commerce Program who have demonstrated distinctive abilities through extracurricular activities or employment and have high academic standing. Consideration will be given to students involved in the Professional Skills Development Program.

Applicant Information

_______________________________  __________________  __________________
Surname                   First Name                   Student Number

Checklist:

☐ Registered full-time at UofT Mississauga in either Year 2 or 3 of the Bachelor of Commerce Program (minimum of 8.5 credits completed at the end of 2018-2019 Fall/Winter session)
☐ Have attained high academic standing
☐ Attached a 1-2 page summary of extracurricular activities or employment, highlighting your abilities and including the time periods and number of hours spent in each activity. Outline that includes:
  o Each organization (name, address, etc.)
  o Your activities/participation within each organization
  o Total hours or average hours per week
  o Months and 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, 2019

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

Payment of this award is conditional upon full-time registration in either Year 3 or 4 of the Bachelor of Commerce Program at UofT Mississauga for the 2018-2019 Fall/Winter Session.
References:

List two individuals who can attest to your extra-curricular or employment 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

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