UTM Residence Community
In-Course Scholarships

Awarded to full-time UofT Mississauga students living in UofT Mississauga Student Residence who have extensive involvement in the community and Student Residence activities. Academic merit is also considered.

Applicant Information

Surname __________________________ First Name __________________________ Student Number __________________________

Checklist:

☑ Registered full-time at UofT Mississauga in the 2018-2019 Fall/Winter Session
☑ Lived in UofT Mississauga Student Residence during the 2018-19 Fall/Winter Session
☑ Attained a minimum CGPA of 2.0
☑ Attached a 1 page summary of your community and/or UofT Mississauga Residence activity involvement. Outline that includes:
  a. Each organization or activity (name, location, etc.)
  b. Details about your involvement in the organization or activity
  c. Total hours or average hours per week
  d. Months and/or Years of your direct involvement
☑ Attached a 1 page concise statement of how you have significantly improved the quality of life in your community and/or UofT Mississauga Residence
☑ Completed Application, Reference and Declaration
☑ Submit to the Office of the Registrar, 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 at UofT Mississauga and living in UofT Mississauga Student Residence for the 2018-19 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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