The United Way of Peel Region Award

United Way of Peel Region Mission: To help build a strong, healthy and caring community for all by bringing people and resources together

Awarded to a full-time UofT Mississauga student who has extensive involvement in community-based volunteer activities and who is a resident of Peel Region (Mississauga, Brampton, Caledon, etc.) Academic merit and financial need are also considered.

Applicant Information

Surname ___________________________ First Name ___________________________ Student Number ___________________________

Checklist:

☐ Registered full-time at UofT Mississauga for the 2018-19 Fall/Winter session
☐ Have attained high academic standing
☐ Have demonstrated financial need by qualifying for OSAP for the 2018-19 Fall/Winter session
☐ Resident of Peel Region (Mississauga, Brampton, Caledon, etc.)
☐ Attached a 1-2 page summary of your community-based volunteer activities. 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
☐ Attached a ½ -1 page statement of how your community involvement reflects the mission and values of the United Way of Peel Region
☐ Completed Application, Reference and Declaration page
☐ Submit to the Office of Registrar UofT Mississauga, Room 1235, Innovation Complex, no later than March 6, 2020.

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 however you may attach them if you wish.

1. ____________________________________________
   Name
   UTM Faculty/Department
   ________________________________
   Position
   Telephone Number

2. ____________________________________________
   Name
   UTM Faculty/Department
   ________________________________
   Position
   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 ________________

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