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 2018-2019 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 May 30, 2019.

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                          Position
   ________________________________  ________________________________
   UTM Faculty/Department         Telephone Number

2. ________________________________  ________________________________
   Name                          Position
   ________________________________  ________________________________
   UTM Faculty/Department         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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