

The Chartered Accountants Scholarship

Awarded on the recommendation of the Department of Management, to full-time UofT Mississauga students enrolled in either Year 3 or 4 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:

- In 2019-20 Fall/Winter session was registered full-time in Year 2 or Year 3 in the Bachelor of Commerce Program at UofT Mississauga
- In 2020-21 Fall/Winter session is registered full-time in Year 3 or Year 4 in the Bachelor of Commerce Program at UofT Mississauga
- 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:
 - Each organization (name, address, etc.)
 - Your activities/participation within each organization
 - Total hours or average hours per week
 - Months and Years of your direct involvement
- Completed Checklist (page 1), References and Declaration (page 2)
- Submit completed applications electronically **no later than November 1st, 2020**. Completed applications along with all required supporting documentation should be emailed to awards.utm@utoronto.ca. Where possible, please print the application, sign the declaration in ink (wet signature), scan and email to the Awards Office. If you are unable to sign in ink, electronic signatures will be accepted. **All submission must be sent from your utoronto email account.**

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

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

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