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

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