

Mississauga Board of Trade In-Course Award in Commerce and Management

Awarded to full-time UofT Mississauga students upon completion of Year 1 who are enrolled in either a Management or Commerce Program and who have extensive involvement in community-based volunteer activities. Academic merit and financial need are also considered. Preference given to students who are Mississauga residents.

Applicant Information

Surname

First Name

Student Number

Checklist:

- Currently registered full-time in Year 2 of either a Management (Major) or Commerce Program
- Have attained high academic standing
- Have demonstrated financial need by qualifying for OSAP assistance for 2019-20 Fall/Winter session and 2020-21 Fall/Winter session
- Resident of the City of Mississauga
- Attached a 1-2 page summary of extracurricular community-based activities including the time periods and number of hours you spent in each activity. Outline that includes:
 - a. Each organization (name, address, etc.)
 - b. Your activities/participation within each course/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 you have *significantly improved the life for Mississauga Residents*
- 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 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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