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

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