Paul W. Fox Scholarship

Awarded to the best all-round full-time UofT Mississauga student upon completion of Year 3 who has extensive participation in student activities on or off campus and community service. Academic merit is also considered.

Applicant Information:

_______________________________ ____________________ ________________________
Surname     First Name   Student Number

Checklist:

- Registered full-time at the UofT Mississauga in Year 4 (minimum of 14.0 credits completed at the end of the 2019-2020 Fall/Winter session)
- Have attained high academic standing
- Attached a 1 page concise statement about your campus and community involvement. Providing the details about the activities you were involved in
- Attached a 1 page summary listing each of the following:
  - STUDENT clubs, societies and associations to which you belong/belonged.
  - COMMUNITY clubs societies and associations to which you belong/belonged.
  - other STUDENT/COMMUNITY services/activities not covered in other lists.
    Outline that includes:
      a. Each organization name (name, address, etc.)
      b. Indication of whether you are a MEMBER ONLY or OFFICIAL
      c. Total hours or average hours per week
      d. Months and Years of your direct involvement
- Attached TWO letters of recommendation
- 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 REQUIRED from these individuals.

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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