

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:
 - o STUDENT clubs, societies and associations to which you belong/belonged.
 - o COMMUNITY clubs societies and associations to which you belong/belonged.
 - o 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

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.