Peter Baxter Leadership Award

Awarded to a full-time UofT Mississauga student, who through their involvement in school activities, has exemplified outstanding leadership characteristics. This award is open to all UTM students, however preference will be given to those students whose involvement has been with UTM’s Department of Recreation, Athletics & Wellness.

Applicant Information

Surname     First Name     Student Number

Checklist:

- Registered full-time at UofT Mississauga
- Have attained good academic standing
- Attached a 1-2 page summary of your extracurricular activities. Outline that includes:
  a) Information about each activity (name, location, date, organization, etc.)
  b) Details about your involvement/participation in the activity
  c) Total hours or average hours per week
  d) Months and/or Years of your direct involvement
  e) Paid or unpaid involvement
- Attached a ½ -1 page statement of how you have exemplified outstanding leadership characteristics through your involvement in school activities
- Completed Application, Reference and Declaration page
- Submit completed applications electronically, no later than April 1st, 2021. Completed applications along with all the supporting documentation can be emailed to awards.utm@utoronto.ca. Where possible, please print the application, sign in ink (wet signature), scan and email. If you are unable to sign in ink, electronic signatures will be accepted. All submissions should 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 extracurricular activities. Letters of recommendation are not required, however you may attach them if you wish.

1. ___________________________________  __________________________________
   Name                Position
   ____________________________  __________________________
   UTM Faculty/Department     Telephone Number

2. ___________________________________  __________________________________
   Name                Position
   ____________________________  __________________________
   UTM Faculty/Department     Telephone 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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