**Sobanski-Armstrong Scholarship**

Awarded to a full-time undergraduate UofT Mississauga student who is applying to medical school in Canada. Preference is given to students applying to the undergraduate Medical Education Program at the University of Toronto. Second preference is given to students entering a graduate program in a health science, or science discipline with a health application, at the University of Toronto. Academic merit and financial need is also considered.

**Applicant Information**

Surname _____________________  First Name _____________________  Student Number ______________________

**Checklist:**

- Registered full-time in an undergraduate program at UofT Mississauga in 2019-2020 Fall/Winter Session
- Graduated in June 2020
- Have high academic standing
- Have demonstrated financial need by qualifying for OSAP/Out-of-Province assistance for 2019-2020 Fall/Winter Session
- Attached proof of at least one application to medical school or graduate school as described above. The award recipient must provide proof of registration in the appropriate program in September 2020
- Completed Checklist (page 1), 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 will be notified by email.
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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