

# The United Way of Peel Region Award

**United Way of Peel Region Mission: To help build a strong, healthy and caring community for all by bringing people and resources together**

Awarded to a full-time UofT Mississauga student who has extensive involvement in community-based volunteer activities and who is a resident of Peel Region (Mississauga, Brampton, Caledon, etc.) Academic merit and financial need are also considered.

## Applicant Information

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student Number

### Checklist:

- Registered full-time at UofT Mississauga for the 2020-21 Fall/Winter session
- Have attained high academic standing
- Have demonstrated financial need by qualifying for OSAP for the 2020-21 Fall/Winter session
- Resident of Peel Region (Mississauga, Brampton, Caledon, etc.)
- Attached a 1-2 page summary of your community-based volunteer activities. Outline that includes:
  - a) Each organization (name, address, etc.)
  - b) Your activities/participation within each 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 your community involvement reflects the mission and values of the United Way of Peel Region
- Completed Checklist (page 1), References and Declaration (page 2)
- Submit completed applications electronically **no later than November 1<sup>st</sup>, 2020**. Completed applications along with all required supporting documentation should be emailed to [awards.utm@utoronto.ca](mailto: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 however you may attach them if you wish.

1.	_____	_____
	Name	Position
	_____	_____
	Organization	Telephone Number
2.	_____	_____
	Name	Position
	_____	_____
	Organization	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.

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**Signature**

**Date**

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