Alumni Association Scholarship
The University of Toronto Mississauga
Awarded to a full-time or part-time UofT Mississauga student enrolled in Year 4 who has demonstrated commitment to the campus through academic and/or social contributions to enhance the UofT Mississauga student experience. Academic merit is also considered.

Applicant Information

Surname ______________________    First Name ______________________    Student Number _________________

Checklist:

☐ Registered at UofT Mississauga in Year 4 (completed 14 credits at the end of the 2019-2020 Fall/Winter session)

☐ Have attained high academic standing (CGPA of 2.7 or higher)

☐ Attached a 1-2 page summary of volunteer activities demonstrating your commitment to the campus through academic and/or social contributions which enhanced the UofT Mississauga student experience

☐ Completed Checklist (page 1), References (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(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
   UTM Faculty/Department
   Telephone Number or Email

2. ________________________________  __________________________
   Name                         Position
   UTM Faculty/Department
   Telephone Number or Email
**Declaration:**
I hereby certify 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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