Mississauga Board of Trade
In-Course Award in Commerce and Management

Awarded to full-time UofT Mississauga students upon completion of Year 1 who are enrolled in either a Management or Commerce Program and who have extensive involvement in community-based volunteer activities. Academic merit and financial need are also considered. Preference given to students who are Mississauga residents.

Applicant Information

_________________________________________  ___________________  ________________________
Surname     First Name   Student Number

Checklist:

☐ Registered full-time in either a Management or Commerce Program (completed a minimum of 4.0 credits at the end of 2017-2018 Fall/Winter Session)
☐ Have attained high academic standing
☐ Have demonstrated financial need by qualifying for OSAP assistance for 2017-2018 Fall/Winter session
☐ Resident of the City of Mississauga
☐ Attached a 1-2 page summary of extracurricular community-based activities including the time periods and number of hours you spent in each activity. Outline that includes:
  a. Each organization (name, address, etc.)
  b. Your activities/participation within each course/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 you have significantly improved the life for Mississauga Residents
☐ Completed Application, Reference and Declaration Pages
☐ Submit to the Office of the Registrar UofT Mississauga, Room 1235, Innovation Complex no later than **May 30, 2018**.

The successful applicant(s) will be notified by email.

Payment of this award is conditional upon full-time registration in Year 2 of either a Management or Commerce Program at UofT Mississauga for the 2018-2019 Fall/Winter Session.
References:
List two individuals who can attest to your volunteer activities. Letters of recommendation are not required.

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

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