Paul W. Fox Scholarship

Awarded to the best all-round full-time UofT Mississauga student upon completion of Year 3 who has extensive participation in student activities on or off campus and community service. Academic merit is also considered.

Applicant Information:

_______________________________ ____________________ ________________________
Surname     First Name   Student Number

Checklist:

☐ Registered full-time at the UofT Mississauga in Year 3 (minimum of 14.0 credits completed at the end of the 2017-2018 Fall/Winter session)

☐ Have attained high academic standing

☐ Attached a 1 page concise statement about your campus and community involvement. Providing the details about the activities you were involved in

☐ Attached a 1 page summary listing each of the following:
  o STUDENT clubs, societies and associations to which you belong/belonged.
  o COMMUNITY clubs societies and associations to which you belong/belonged.
  o other STUDENT/COMMUNITY services/activities not covered in other lists.
    Outline that includes:
    a. Each organization name
    b. Indication of whether you are a MEMBER ONLY or OFFICIAL
    c. Total hours or average hours per week
    d. Months and Years of your direct involvement

☐ Completed Application, Reference and Declaration Pages

☐ Attached TWO letters of recommendation

☐ Submit to the Office of the Registrar, 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 4 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 REQUIRED from these individuals.

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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