The Rotary Club of Mississauga West

“Service Above Self”*

Awarded to full-time UofT Mississauga students registered in Year 2 or higher who have extensive involvement in community-based volunteer activities in the Mississauga community. Academic merit and financial need is also considered.

Applicant Information

Surname     First Name   Student Number

Checklist:

- Registered full-time at UofT Mississauga in Year 2 or higher (minimum of 8.5 credits completed at the end of the 2017-2018 Fall/Winter session)
- Have high academic standing (CGPA or 3.0 or higher)
- Have demonstrated financial need by qualifying for 2017-2018 OSAP/Out-of-Province assistance
- Attached an anonymous 1-2 page summary of community-based volunteer activities in the Mississauga community illustrating your “Service Above Self”*. 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
- Completed Application, Reference and Declaration pages

IMPORTANT: In order to provide anonymity in the judging process, please DO NOT indicate your name or Student Number anywhere on your volunteer summary.

*For the purposes of this bursary, The Rotary Club of Mississauga West defines “Service Above Self” as “volunteer activities that contribute to civic betterment, answer needs or improve the quality of life. Such activities include assisting the helpless, the ill, the disabled, senior citizens, the environment, or contributing time and effort to charitable projects or organizations.”

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.

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.

_________________________________________                     __________________________________
Signature                                      Date

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