UTM Residence Community
In-Course Scholarships

Awarded to full-time UofT Mississauga students living in UofT Mississauga Student Residence who have extensive involvement in the community and Student Residence activities. Academic merit is also considered.

Applicant Information

Surname __________________________ First Name __________________________ Student Number __________________________

Checklist:

☐ Registered full-time at UofT Mississauga in the 2017-2018 Fall/Winter Session
☐ Lived in UofT Mississauga Student Residence during the 2017-18 Fall/Winter Session
☐ Attained a minimum CGPA of 2.0
☐ Attached a 1 page summary of your community and/or UofT Mississauga Residence activity involvement. Outline that includes:
  a. Each organization or activity (name, location, etc.)
  b. Details about your involvement in the organization or activity
  c. Total hours or average hours per week
  d. Months and/or Years of your direct involvement
☐ Attached a 1 page concise statement of how you have significantly improved the quality of life in your community and/or UofT Mississauga Residence
☐ Completed Application, Reference and Declaration

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

Payment of this award is conditional upon full-time registration at UofT Mississauga and living in UofT Mississauga Student Residence for the 2018-19 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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