



SCHOLARSHIP PROGRAM APPLICATION

A For the Scholarship Applicant

Name in Full	Relationship to Staff Member
Address in Full	
Email Address	Telephone
Social Insurance Number (for tax receipt purposes)	Student Number or Date of Birth (for identification purposes)
Education (current or most recent year of eligible program of studies) Ontario secondary school Other, please specify: _____	

NOTE: An official transcript must be attached to this form. Students who will be enrolled in a cooperative program are required to submit with this form so that variable academic years can be taken into consideration.

Proposed Institution of Study

Name of Institution (if University of Toronto, indicate faculty and/or college)		
Address – Please provide appropriate contact name (if available) and mailing address for payment of award		
	Telephone (including area code)	
Proposed program of study and percentage course load	From (mm/yyyy)	To (mm/yyyy)
Signature	Date	

B For The Faculty Member, Librarian or Management/Confidential Group Member

Personnel Number	Name in Full
University Telephone Number	Signature
	Date

C For Human Resources

_____ % FTE of Staff Member

Authorization

Signature	Date
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To ensure prompt payment of the tuition scholarship, please submit your application before the end of the first study term of the academic year for which you are applying