VICTORIA UNIVERSITY
IN THE UNIVERSITY OF TORONTO

SCHOLARSHIP PROGRAM APPLICATION

A   **For the Scholarship Applicant**

Name in Full _____ Relationship to Staff Member

Address in Full

Email Address _____ Telephone

Social Insurance Number   Student Number or Date of Birth
(for tax receipt purposes)   (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

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

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