

**Applicant Information:**

Name \_\_\_\_\_ I.D. # \_\_\_\_\_

Program/Plan \_\_\_\_\_ Year/Term \_\_\_\_\_

Most recent cumulative academic average: \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Award Description:**

Each term, one award, valued at \$500 is provided to a deserving full or part-time graduate student in a degree program at the University of Waterloo who has contributed to the University or the community through extracurricular or volunteer activities and who have a minimum overall average of 70%. To be eligible for consideration, the student must be a current member of the Staff Association or be the child, spouse, grandchild, or dependent of a current Staff Association member. Financial need may also be considered in the selection process. This award is sponsored by the UW Staff Association.

**Application Requirements:**

- Provide a letter describing your involvement in extracurricular and/or volunteer activities at UW or within the community.
- If financial need is a factor, please provide a budget for your school term/year and explain why your resources are insufficient to meet your needs.
- Please have the Staff Association Award Validation Form (page 2) completed in full.

**Application Deadlines:** Completed applications to be submitted to Staff Association Office, DC 3603:

**Fall Term – apply by October 15<sup>th</sup>**

**Winter Term – apply by February 15<sup>th</sup>**

**Spring term – apply by June 15<sup>th</sup>**

**Declaration and Consent:**

*I authorize the University to release a copy of this application to the appropriate awards selection committee and the award donor. I confirm that the information provided on this application, and attached hereto, is complete and accurate in every respect. I understand that the Graduate Office will send me written notification of the results of this application.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Validation Form

Applicant Name: *(please print)* \_\_\_\_\_

Staff Association Member's Name: \_\_\_\_\_

Member's Department: \_\_\_\_\_

Relationship of applicant to Staff Association member *(please check one)*:

- Self
- Spouse
- Child
- Grandchild

Staff Association Member's signature: \_\_\_\_\_

***Please submit completed application form to the Staff Association Office, Davis Centre, Room 3603.***

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**Authorized Staff Association Signature:** \_\_\_\_\_