

Applicant Information:

Name _____ I.D. # _____

Program/Plan _____ Year/Term _____

Most recent cumulative academic average: _____

Address _____

E-mail _____ Phone _____

Award Description:

Each term, up to two awards, valued at \$500 each, are provided to deserving full or part-time undergraduate students in a degree program at the University of Waterloo who have 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, a 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. These awards are sponsored by the UW Staff Association and the Education Credit Union.

Notes: This award may not be held in conjunction with another award valued at \$500 or more for the same study period. Students may only receive this award once within an academic year.

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 15th

Winter Term – apply by February 15th

Spring term – apply by June 15th

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 SAFA 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.

Authorized Staff Association Signature: _____