

Canadian Federation of University Women Saskatoon Inc. Application for Scholarship

DEADLINE

All materials must be submitted by May 31 to:

Chair, CFUW Scholarship Committee
PO Box 7405,
Saskatoon, SK
S7K 4J3

Successful and unsuccessful applications will be informed in August.

INSTRUCTIONS

Submit a single application for all CFUW undergraduate scholarships. By submitting this application you will also be considered for the CFUW Saskatoon Inc. Scholarships.

Include with it:

an official copy of your University Transcript for all the years of university education (copies not acceptable);

a one-page statement that tells us what we should know about you—your background, academic accomplishments and aspirations, career interests and extracurricular activities; also a brief summary of your financial position, including scholarships, bursaries and awards (value, date and source).

references as outlined below.

I wish to be considered for the Florence E. Bennee Fine Arts Scholarship. *(The Florence E. Bennee Fine Arts Scholarship is available to a student in Fine Arts studies – Drama, Music or Art and Art History. At the request of the donor, this award is available to both male and female applicants.)*

Personal Information

Last Name		First Name		Middle Name	
Age (optional)	Gender Female Male	College/Department	Years completed	Student Number	

Contact information for June–August

Address			City		
Province	Postal Code	Telephone	Email		

Contact information for September–October (if different from above)

Address			City		
Province	Postal Code	Telephone	Email		

References (Three required)

List below the names, addresses, phone numbers and occupations of those whom you have asked to submit letters in support of your application. At least one of these references must be from a University professor whose class you have recently taken. Each letter must be in a sealed envelope with the signature of the referee across the seam of the flap. **THE TRANSCRIPT AND LETTERS MUST ACCOMPANY YOUR APPLICATION.**

Reference #1

Name		Occupation	
Address		City	
Province/State	Postal Code/Zip Code	Telephone	Email

Reference #2

Name		Occupation	
Address		City	
Province/State	Postal Code/Zip Code	Telephone	Email

Reference #3

Name		Occupation	
Address		City	
Province/State	Postal Code/Zip Code	Telephone	Email

Please note common mistakes in applications:

- **LATE** – Applications must be post marked with the postal date of May 31 or earlier.
- **OFFICIAL TRANSCRIPTS** – You must include an official transcript of all your marks. This includes all the years that you've attended all post-secondary institutions.
- **REFERENCE LETTERS NOT SIGNED ACROSS THE FLAP OF THE SEAL** – Each reference letter must be in a sealed envelope with the referee's signature across the back flap of the envelope.

Privacy Policy

- The information in this application is only seen by the members of the CFUW Saskatoon Scholarship Committee. It is not sold or shared with anyone else.
- To meet the requirements of Canada Revenue Agency, scholarship winners will be required to supply their Social Insurance Number and their application will be retained by the CFUW Saskatoon Inc. for seven years.
- The scholarship winners will be photographed or asked to supply a photograph for archival and publicity purposes. Names and photographs of scholarship winners will be publicized including posting on the CFUW Saskatoon Inc. website.
- All applications and letters will be shredded after the awards ceremony (usually October of each year).

I have read the privacy policy and agree to the statements:

Signature of Applicant	Date (mm/dd/yyyy)
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Please sign the U of S "Release of Information Authorization" Form on the following page and return it with your CFUW Scholarship Package.

Student Information (Please Print)

Last Name		First Name	Middle Name
Student Number	Date of Birth (mm/dd/yyyy)		

I authorize the University of Saskatchewan to release information as specified to the following individuals/organizations about my record(s) which directly pertains to the University of Saskatchewan.

Release 1

Name Canadian Federation of University Women Saskatoon Inc.	Relationship/Organization Scholarship Application	Expiry Date (mm/dd/yyyy)
Purpose of Release <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Other	Specify information authorized for release Academic Information including average, program of study and course grades	

By signing below I acknowledge that I have read and understand this document and authorize the University of Saskatchewan to release information to the above individuals/organizations. I also understand that this authorization will remain on file and serve as an ongoing authorization while I am a University of Saskatchewan student unless an expiry date has been indicated on this form. I also acknowledge that I may withdraw this authorization at any time by signed written letter.

Signature of Applicant	Date (mm/dd/yyyy)
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