

Mattinson Scholarship Program for Students with Disabilities
Revised for UVic Students

2018 Application Form

Applicant Information

First Name: _____

Last Name: _____

Prefix: _____

Permanent Address: _____

City: _____

Province: _____

Postal Code: _____

Country: _____

Telephone: _____

Email: _____

* How did you hear about this scholarship program?

- | | | | | |
|-----------------------------------|------------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Employer | <input type="checkbox"/> Facebook | <input type="checkbox"/> Family or Friend | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Online ad | <input type="checkbox"/> School or Teacher | <input type="checkbox"/> Twitter | <input type="checkbox"/> Other |

* Have you ever been a recipient of this award?

* If so, please indicate the

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Academic

Scholastic History

Please list the educational institutions attended during the last two academic years.

Name of School	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Country	Grade Completed
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Name of School	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Country	Grade Completed
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Post-Secondary Data

List the name of the educational institution you plan to attend during the upcoming academic year.

Institution Name	Campus	Start Date(yyyy-mm-dd)
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Length of Program (years)	Proposed Field of Study	Degree or Diploma Sought
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Institution Name	Campus	Start Date(yyyy-mm-dd)
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Length of Program (years)	Proposed Field of Study	Degree or Diploma Degree
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Supporting Documentation

Letters of Reference

All letters must be dated, typewritten on letterhead, signed with an original non-electronic signature and include the reference's contact information. If possible, the person writing the letter of reference should describe their relationship to the applicant in the letter. Reference letters must be written in the year of application.

To assist you in the preparation of this letter, please refer to the _____

SIN Form

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Applicant Consent & Declaration

Universities Canada administers the Mattinson Scholarship Program for Students with Disabilities. This administration role includes the application process, the evaluation and selection process, the processing of recipients' files and the administering of payments for the Mattinson Scholarship Program for Students with Disabilities. The purpose of this statement is to set out Universities Canada's commitment to the protection of personal information collected, used, disclosed or retained in performing this function. Universities Canada will comply with the requirements of the Canadian Personal Information Protection and Electronic Documents Act (PIPEDA) for the collection, use, disclosure and retention of personal information provided by you in the course of your scholarship application.

Universities Canada has appointed a Privacy Officer with overall responsibility for Universities Canada privacy compliance. Should

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year. Universities Canada complies with its Privacy Policy as outlined herein or follows a policy with comparable privacy standards.

CONSENT

You may refuse to provide personal information to us. You may also withdraw your consent at any time, subject to legal or contractual restrictions and reasonable notice. However, in either case, this may limit your scholarship eligibility and our ability to administer the scholarship payments. By completing and signing [submitting] this application you are consenting to the collection, use, disclosure and retention of your personal information for the above stated purposes.

I have read and agree with the above consent. I have also read the scholarship guidelines and understand the eligibility requirements for this program. I certify that all information provided in this application form and attached documents are true and accurate to the best of my knowledge. I understand that acceptance of this application or receipt of any scholarship/award issued to me may be revoked without notice if any information in this application is subsequently found to be false.

PrintName: _____

Signature of Applicant: _____ Date: _____

Please mail your documents to:	Contact Us:
<p>UVic Nominating Committee <i>Student Awards & Financial Aid</i> Re: Mattinson Scholarship Program <i>University of Victoria</i> University Centre A202 PO Box 3025 STN CSC Victoria, BC V8W 3P2</p>	<p>Tel.: (250) 721-8107 Fax: (250) 721-8757 E-mail: awards1@uvic.ca</p>

Guidelines for Letters of Reference

Undergraduate Awards

You have been asked to write a letter of reference on behalf of a student applying for a scholarship administered through Scholarship Partners Canada. Writing a letter of reference takes time, and is greatly appreciated