

Ontario Professional Engineers Foundation for Education Undergraduate Scholarship (6 awards) \$1,500 each

Awards for 2nd, 3rd or 4th year undergraduate students enrolled full-time in CEAB (Canadian Engineering Accreditation Board) accredited programs within the Faculty of Engineering and Architectural Science.

**APPLICATION DEADLINE: Monday, October 2, 2017 at
4:00p.m.**

Ontario Professional Engineers Foundation for Education Undergraduate Scholarship

The scholarship recognizes the academic achievement and demonstrated leadership through participation in professional affairs and extra-curricular activities of undergraduate students enrolled in CEAB accredited programs within the Faculty of Engineering and Architectural Science.

Eligibility and Application Process

Applicants must meet the following criteria:

- Be registered as a full-time undergraduate student in a CEAB accredited program within the Faculty of Engineering and Architectural Science and have a clear academic standing
- Have achieved a minimum CGPA of 3.0
- Demonstrated leadership within an academic or extracurricular environment
- Provide a resume & 500-word cover letter demonstrating leadership through participation in professional affairs and extra-curricular activities

Criteria for Selection

Criteria	Weighting
Academic Achievement	50%
Demonstrated leadership (resume & cover letter)	<u>50%</u>
	100%

Adjudication

Each department selection committee, composed of at least three representatives from the department, will review the application information, prepare a ranked list of qualified scholarship recipients based on the weighted criteria and make recommendations to the Faculty of Engineering and Architectural Science (FEAS) selection committee. The FEAS selection committee will be composed of at least three representatives from the Faculty. The FEAS selection committee will make the final selection of the scholarship recipients based on the weighted criteria.

If in the opinion of the selection committee that no candidates meet the outlined criteria, the award shall not be given to any applicant that year.

Please submit an application package in a sealed envelope to your home Department by Monday, October 2, 2017 at 4:00pm.

Privacy Consent Form for Student Awards

SECTION 1 - NOTICE OF COLLECTION - FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (“FIPPA”)

In accordance with Section 39(2) of *FIPPA*, the information provided on the award application is collected under the authority of the *Ryerson University Act, 1977* and is used by Financial Assistance and Award Administrators at Ryerson University for the purposes of determining and adjudicating your eligibility for financial assistance, including but not limited to financial awards and bursaries. The information collected may also be used on an aggregate basis in order to comply with Ryerson University’s statutory reporting obligations.

All personal information that is collected will be used, disclosed, stored, and destroyed in accordance with Ryerson University’s Procedure for Protecting Restricted Information and Providing Access to Information (see: <http://www.ryerson.ca/policies/board/informationprotectionaccessprocedure.html>) which is part of the Information Protection and Access Policy (see: <http://www.ryerson.ca/policies/board/informationprotectionaccesspolicy.html>).

If you have questions about the collection, use, and disclosure of this information by Ryerson University please contact Manager, Student Financial Assistance: cscrase@ryerson.ca 416-979-5000 ext 6648.

SECTION 2 - CONSENT TO DISCLOSE ACADEMIC RECORD TO FINANCIAL ASSISTANCE

In order to assess your eligibility for some forms of financial assistance, we may need to review your academic record.

By signing below, you hereby consent to: (i) the collection of information for the purposes set out above in Section 1, and (ii) the disclosure of your academic record by the Registrar to Financial Assistance for the purpose of assessing your eligibility for student financial awards and/or assistance.

Please note that if you do not consent to the collection and disclosure, we will not be able to determine your eligibility for some forms of financial assistance.

NAME: _____ STUDENT #: _____
(Please Print) (Please Print)

SIGNATURE: _____ DATE: _____