

**Ann and Bill Mackay Entrance Award for Aboriginal Students in Recognition of Monica McKay, Founding Director of Ryerson Aboriginal Student Services**

The *Ann and Bill Mackay Entrance Award for Aboriginal Students in Recognition of Monica McKay, Founding Director of Ryerson Aboriginal Student Services* recognizes the high academic achievement of a High School Student entering any Full-Time or Part-time academic program at Ryerson University.

One (1) annual award of approximately \$1750 will be made available to students in each Fall semester.

**Eligibility:**

Students can apply if they are:

- Canadian citizen, permanent resident or a protected person.
- Self-identify as an Aboriginal person (including First Nations [Status/Non-Status], Metis, or Inuit cultural and/or ancestral background).
- Officially enrolled and attending classes in the first year of any full-time or part-time undergraduate degree program at Ryerson.
- a high school student in the previous academic year.

**Application Information:**

A completed application must include:

- Application Form
- FIPPA Statement signed and completed
- A copy of your most recent secondary school transcript showing final grades and a cumulative average.

**Submit complete application to:**

Aboriginal Academic Support Adviser  
Ryerson Aboriginal Student Services  
Room KHW-389

**Deadline: November 12, 2018 – 4:00pm**

**Selection:** The award will be administered by the Student Awards and Scholarships Office in partnership with Ryerson Aboriginal Student Services (RASS). The selection committee to be comprised of staff members from Ryerson Aboriginal Student Services and the Office of Aboriginal Initiatives.

Successful award recipients will be contacted by phone and/or email within three weeks of the Award submission.

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Ryerson Aboriginal Student Services  
Room KHW-389

***Application Deadline: November 12, 2018***



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**APPLICATION FORM**

**Student Details**

Name of Student: \_\_\_\_\_

Student number: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Name as it should appear on award certificate: \_\_\_\_\_

Student's current address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Student's Program: \_\_\_\_\_  Full Time  Part Time

Contact phone: \_\_\_\_\_ Ryerson e-mail: \_\_\_\_\_

**Please check all boxes to be eligible for the award.**

- I am currently a resident of Ontario, and a Canadian Citizen, permanent resident or a protected person.
- I attended Secondary School in the previous school year.
- I understand if the information on this application is intentionally misrepresented this may be a violation of the Student Code of Non-Academic conduct and I may be asked to repay any award funding received.
- I authorize Student Financial Assistance to review my academic record and current address when required.
- I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for the associated award.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Consent to Disclose**

(select one)

- I consent to sharing my name and information as part of the selection process.
- I do not consent to sharing my name and information as part of the selection process.

(select one)

- I consent to showing my name to be used to inform donors and the general public **or**
- I do not consent to showing my name to be used to inform donors and the general public

(select one)

- I consent to showing basic information such as my program of study, and year of study to be used to inform donors and the general public **or**
- I do not consent to showing basic information such as my program of study, and year of study to be used to inform donors and the general public

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Declaration of Aboriginal Status**

I hereby state that I am an Aboriginal student and identify as such as per my institution’s Aboriginal self-identification policy.

This assertion means that I identify as a member of the First Peoples of Canada meaning, in general terms, First Nation, Metis, Inuit, Indigenous, Aboriginal (status or non-status) or specifically by my home community or my Nation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Student Awards and Scholarship  
Office of the Registrar

**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 [awards@ryerson.ca](mailto:awards@ryerson.ca).

**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:** \_\_\_\_\_