

RYERSON FACULTY ASSOCIATION SCHOLARSHIP
ABORIGINAL STUDENT AWARD

Purpose

Annually, the Ryerson Faculty Association acknowledges the efforts of Aboriginal students who maintain academic proficiency, as well as demonstrate a commitment to Social Justice and/or Labour Relations both on- and off-campus.

Amount

Two (2) scholarships of \$2,500 each will be awarded as follows:

- One (1) graduate student will receive \$2,500 to assist with educational expenses
- One (1) undergraduate student will receive \$2,500 to assist with educational expenses

Eligibility

- Students are expected to
- be of Aboriginal Ancestry (First Nations, Inuit, Métis, non-Status, Status)
- have a good academic record
- maintain a minimum 2.50 cumulative grade point average
- be studying at Ryerson full-or part-time
- write an essay

Application requirements

A complete application includes the attached form, signed and dated, as well as a two-page essay, double-spaced, and written by the student. The essay will provide evidence of a strong connection linking the student's studies to Aboriginal communities, by describing the student's past and/or current involvement in the Aboriginal community and future plans for his or her participation in that community.

Deadline: Monday, November 12, 2018

Contact:

Chair, Professional Affairs Committee
Ryerson Faculty Association
Telephone: 416-979-5000 ext. 5186
Email: rfa@ryerson.ca

RYERSON FACULTY ASSOCIATION SCHOLARSHIP
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APPLICATION FORM

Student Name (please print): _____

Student #: _____ Program of Study: _____

Select one:

- Full-Time Undergraduate degree program
- Part-Time Undergraduate degree program
- Graduate program

Please check all boxes to be eligible for the award.

- 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.

DECLARATION OF 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:** _____

Please submit this application with your essay.

Submit to: Ryerson Faculty Association
Kerr Hall South, Room KHS-46
40 Gould Street
Toronto, ON
M5B 2K3

Deadline: November 12, 2018

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.

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:** _____