

**FACULTY OF ARTS**  
**CARLA CASSIDY AWARD – 2017 Application Form**

**Wednesday, September 27th 2017 at 4:00pm** is the application submission deadline to Faculty of Arts, Dean of Arts Office, **JOR-100**.

**STUDENT DETAILS** (print or type)

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

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

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

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

Residence phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Ryerson e-mail: \_\_\_\_\_

Student's Program: \_\_\_\_\_ When do you expect to graduate:  Spring '18  Fall '18

**STUDENT'S CUMULATIVE GRADE POINT AVERAGE (CGPA)**

Provide your current CGPA \_\_\_\_\_ [for office use only: CGPA confirmed? \_\_\_\_\_]

**STUDENT BUDGET**

Student budget form attached?  Yes

**DETAILS OF OTHER SCHOLARSHIPS** (print or type)

Please identify other scholarships you will hold in the 7<sup>th</sup> and 8<sup>th</sup> semester. (This award cannot be held concurrently with other Ryerson awards whose total annual value exceeds \$2,500.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPHY/FILM CONSENT DETAILS**

Read, sign and return the attached consent form with the rest of the application package.

**APPLICANT ELIGIBILITY**

To be eligible for this award Undergraduate students must:

- Have successfully completed all 1<sup>st</sup> through 6<sup>th</sup> semester courses in a full-time program in the Faculty of Arts;
- Be enrolled in the 7<sup>th</sup> and 8<sup>th</sup> semesters in a full-time program in the Faculty of Arts (minimum 4 billing units per semester);
- Have a clear academic standing.
- Demonstrate financial need through the completion of a student budget form.
- Identify other scholarships they will hold in the 7<sup>th</sup> and 8<sup>th</sup> semester. (This award cannot be held concurrently with other Ryerson awards whose total annual value exceeds \$2,500.);

**APPLICANT INSTRUCTIONS** (A student must be invited by the Faculty of Arts to apply for this award)

Complete all forms in full (including their signature); single sided pages only. Incomplete forms will not be considered.

A completed application must include:

- a signed application form;
- a signed student budget form;
- a signed Photography/Film Consent form.

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CARLA CASSIDY AWARD

**RYERSON UNIVERSITY PHOTOGRAPHY / FILM CONSENT FORM**

I do not consent OR

I, the undersigned subject, hereby authorize Ryerson University, its employees, agents, associates, assistants or subcontractors to photograph/film me. I grant Ryerson University the right to use, publish and display or permit the use, publication and display of audio-visual or digital recordings, negatives, slides, prints or other electronic images of me (collectively, “**my Photographs**”) at their sole discretion in any publication, multimedia production, display, advertisement or Internet publication worldwide in connection with activities relating to the educational, administrative or statistical purposes of Ryerson University, such as promoting, publicizing or explaining the University or its activities, for research, trade or fundraising related purposes or for other consistent purposes. I agree that Ryerson University may use my name, likeness or biographical information, as I may supply.

I agree that all of my Photographs shall constitute the property of Ryerson University and I hereby waive any right to inspect or approve the use of my photograph and my name or of any written copy. I release and forever discharge Ryerson University, its Board of Governors, agents, officers and employees from any and all claims and demands arising out of or in connection with the use of my Photographs. I waive any and all copyrights, intellectual property rights, privacy rights, moral rights and any other rights that I have in my Photographs. I acknowledge that I am not entitled to and shall not seek any compensation fees or royalties of any kind, arising in any way from my consent to the taking of my Photographs, irrespective of whether my Photographs are used or not, and that nothing contained herein shall entitle me to have any of my Photographs.

I have read this Consent Form before signing below, and I fully understand its contents, meaning and impact and that it is binding on me and my heirs, executors, administrators and assigns.

Pursuant to Ontario’s *Freedom of Information and Protection of Privacy Act*, I consent to the collection of my personal information in the form of my Photographs and my name by Ryerson University, its employees, agents and representatives to be used for the purposes and disclosed to third parties as described above.

Signature of Subject: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Ryerson e-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Notice:**

Personal information in the form of my Photographs and my name are collected by Ryerson University under the authority of Ontario’s *Freedom of Information and Protection of Privacy Act* and the *Ryerson University Act, 1977*. If I have any questions about the collection of personal information by Ryerson University, I can contact the Ryerson University Information and Privacy Co-ordinator, 350 Victoria St., Toronto, ON M5B 2K3, tel. 416-979-5000 ext. 4676.