

FACULTY OF COMMUNITY SERVICES

ISABELLA AND OSCAR ZACHARIAS UNDERGRADUATE RESEARCH AWARD

The **Isabella and Oscar Zacharias Undergraduate Research Award** was established to promote and recognize outstanding research and high academic achievement for undergraduate students in the Faculty of Community Services.

APPLICATION AND SELECTION DEADLINES

September 23, 2015	Application forms and guidelines available to the Ryerson community.
October 23, 2015 at 4PM	Application deadline to the Faculty of Community Services.
Week of October 26, 2015	The Faculty of Community Services will review applications for eligibility and completeness.
Week of October 26 & November 2, 2015	The Faculty of Community Services Student Awards Committee will receive eligible applications for review and selection.
November 9, 2015	The Faculty of Community Services Dean's Office will notify the successful applicant and announce the recipient(s).
Fall 2016	Award will be presented at the Faculty of Community Services Student Achievement and Awards Celebration.

VALUE

\$1,800

ELIGIBILITY

The **Isabella and Oscar Zacharias Undergraduate Research Award** is open to students enrolled in a Faculty of Community Services degree program.

To be eligible students must:

- Be a Canadian Citizen, a Permanent Resident or a Protected Person.
- Be an Ontario resident.
- Demonstrate financial need.
- Demonstrate overall excellence in their studies with a minimum cumulative GPA of 3.0 and be in clear academic standing.

SELECTION CRITERIA

Students must:

- Be active or recently participated in a research project within their field of study (applicants may be eligible at various stages of analyzing results/ findings, however, must have been involved in the project for a minimum of 3 months).
- Demonstrated excellence in their contributions to a research project.

APPLICATION / NOMINATION INFORMATION

- Students may be nominated by their research advisor or apply directly for this award.
- All forms must be on single-sided pages only and completed in full, including all required signatures.

A completed application must include:

- A 750 word statement that includes a description of the research project, including its findings, and the student's role and contribution to the project.
- One letter of support from a faculty research advisor. The letter of support should attest to the student's achievements and how they specifically meet the award criteria. Letters emailed directly from the faculty member to afinney@ryerson.ca or included in the award package will be accepted. Letters will not be accepted after the deadline date under any circumstances. Please visit ryerson.ca/fcs/students/awards for further guidelines.
- Signed Ryerson University Photography/Film Consent form.
- Financial need budget form.

October 23, 2015 at 4:00PM is the submission deadline to the Faculty of Community Services Dean's Office, 99 Gerrard Street East, SHE-697 or by email to afinney@ryerson.ca.

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SELECTION

The Faculty of Community Services Student Awards Committee is composed of the Associate Dean and at least three faculty members. The committee will evaluate the nominations and applications together with all supporting documentation and make the final selection.

AWARD PRESENTATION

The award will be formally presented at the Faculty of Community Services Student Achievement Celebration and Awards Presentation on November 24, 2015 and the recipient will be required to present their idea at the achievement celebration at the Fall 2016 celebration.

FOR MORE INFORMATION

Contact: Alison Finney, Community Relations Officer, Faculty of Community Services
Email: afinney@ryerson.ca | Phone: 416-979-5000, Ext. 7878

STUDENT DETAILS

Is this a nomination? OR A student self-application?

Name of Student: _____ Student Number: _____

Name as it should appear on award materials: _____

Student's Current Address: _____

_____ Postal Code: _____

Phone: _____ Ryerson E-mail: _____

Program: _____ Year: _____ Courses Completed: _____ CGPA: _____

PROJECT DETAILS

Project Title: _____

Role and Main Responsibilities: _____

Start Date of Project: _____ End Date of Project: _____

NOMINATOR AND/OR FACULTY SUPPORT LETTER INFORMATION

Name of Faculty Member: _____ Program: _____

Ryerson Phone: _____ Ryerson E-mail: _____

Signature of Faculty Member: _____ Date: _____

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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.

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STUDENT FINANCIAL NEED FORM

This budget captures an individual student's educational expenses. Tuition fees are for Ryerson undergraduate courses taken **September to April (8 months)** while on campus. Do not include expenses while on a co-op or work term. Please complete all sections and check the appropriate boxes. Leave the amount blank in the amount field if there is nothing to report. Student budgets submitted with NIL resources will NOT be considered for the bursary/award/scholarship.

Educational Expenses	Amount	Study Period Resources	Amount
Current year's Tuition fees, no late penalties	\$	Savings (include any funds used to pay current year's tuition fees and other school expenses in the summer months)	\$
Current year's Books and related supplies	\$	Expected/Earned Employment income, Stipends/ Teaching Assistants, etc. during the academic year	\$
Accommodation costs (check one box only). Maximum allowed to claim up to \$9600 (\$1000 per month). <input type="checkbox"/> Away from home with shared rent. Report your share only. <input type="checkbox"/> Away from home on own. <input type="checkbox"/> Live in Ryerson residence. (excludes meal plan) <input type="checkbox"/> Living with family/relatives. Total allowable range \$0 - \$4000 only.	\$	Government student assistance – OSAP loans and grants, Out of Province student loans and grants Specify which one(s) _____ _____	\$
Food (check one box only). Your costs only. Maximum allowed to claim up to \$4000 (\$500 per month). <input type="checkbox"/> Living away from home or in Ryerson residence. <input type="checkbox"/> Living with family/relatives.	\$	Ryerson Scholarships, Awards, Bursaries or Student Access Guarantee Specify which one(s) _____ _____	\$
Utilities, telephone, cell phone, cable & internet costs (check one box only). Maximum allowed to claim up to \$800 (\$100 per month). <input type="checkbox"/> Living away from home or in Ryerson residence. <input type="checkbox"/> Living with family/relatives.	\$	Other forms of government assistance (Social Services, Orphan/Disability pensions, allowances, etc.) Specify which one(s) _____ _____	\$
Personal/Miscellaneous Expenses - includes laundry, personal hygiene, clothing, personal medication, prescription glasses and dental work not covered by private medical/dental insurance. Maximum allowed to claim up to \$960 (\$120 per month).	\$	All money/cash/gifts/monthly allowances and/or loans received from parents, spouse/partner or other persons. Include any funds used to pay for tuition fees, books, etc.	\$
Transportation to and from classes only. Do not include trips home. <input type="checkbox"/> Within the GTA. Allowable maximum up to \$112 per month. <input type="checkbox"/> Outside GTA. Allowable maximum up to \$171 per month. <input type="checkbox"/> Within walking distance. Transportation costs \$0.	\$	All other sources of income received. Check one: <input type="checkbox"/> Educational Scholarship Trust Funds/RESP's <input type="checkbox"/> Other income (income tax rebate, etc.) <input type="checkbox"/> Other External Scholarships/Awards/Bursaries	\$
Total Educational Expenses (A)	\$	Total Resources (B)	\$
To calculate unmet need: Subtract Total Resources (B) – Total Expenses (A) = unmet need	Unmet Need \$	If your resources (B) are a larger amount than your expenses (A) do not submit this application and budget.	

Declaration and Understanding: Please check all boxes to be eligible for the award, scholarship or bursary.

- I am a Canadian citizen, permanent resident or protected person.
- I am a resident of Ontario.
- The information I have provided is an accurate representation of my current financial situation. Receipts are available upon request to verify the information listed on the application.
- 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/scholarship/bursary funding received.
- This award/scholarship/bursary will be used to cover educational costs.
- I authorize Student Financial Assistance to review my academic record and current address when required.

Student Name (please print) _____ Student # _____

Student's Signature _____ Date _____