##

## AWARD APPLICATION FORM

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| **NAME OF AWARD** | **Heather Milne Nielsen Graduate Scholarship**  |
| **AWARD YEAR** | **2018-19** |

## A. APPLICANT INFORMATION

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| --- | --- | --- |
| **First Name:** | **Last Name:**  | **Initials:** |
| **U of T Student Number:** | **Email Address:** | **Telephone:** |
| **Home Address:** | **Unit/Apt.:** |
| **City:** | **Province:** | **Postal Code:** |
| **Citizen Status:****[ ]  Canadian [ ]  Permanent Resident of Canada [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**B. APPLICANT GRADUATE PROGRAM (at time of tenure of award)**

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| **Degree Program: MPH Nutrition & Dietetics** **Year of Study During Tenure of Award: \_\_\_\_\_\_\_\_\_ [ ]  Full Time [ ]  Part Time**  |

###### C. APPLICATION ATTACHMENTS

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| --- | --- |
| One page plan of study / statement of interest | [ ]  **YES** |
| Curriculum Vitae | [ ]  **YES** |
| Two Letters of Recommendation Letters should be emailed directly to awards.dlsph@utoronto.ca with the name of the award and your name in the subject line.  | [ ]  **YES** |
| TranscriptsCopies of MPHTranscripts. ACORN print outs are acceptable. | [ ]  **YES** |

#### D. DECLARATION

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| I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of the award if the information is found to be inaccurate for any reason. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name (printed) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

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