## 

## AWARD APPLICATION FORM

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| **NAME OF AWARD** | **Heather Milne Nielsen Graduate Scholarship** |
| **AWARD YEAR** | **2019-20** |

## A. APPLICANT INFORMATION

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| **First Name:** | **Last Name:** | |
| **U of T Student Number:** | **Email Address:** | **Telephone:** | |

**B. APPLICANT GRADUATE PROGRAM**

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| **Degree Program: MPH Nutrition & Dietetics**  **Year of Study in 2019-20: \_\_\_\_\_\_\_\_\_  Full Time  Part Time** |

###### C. APPLICATION ATTACHMENTS

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| One page plan of study | **YES** |
| Curriculum Vitae | **YES** |
| One Letter of Recommendation Letters should be emailed directly to [awards.dlsph@utoronto.ca](mailto:awards.dlsph@utoronto.ca) with the name of the award and your name in the subject line. | **YES** |
| Transcripts Copies of Graduate and Undergraduate transcripts. 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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