



Scholarship (award GPA  $\geq 3.5$ )

Academic award (award GPA  $\geq 3.0$ )

Bursary (academic good standing & financial need only)

Award (award GPA  $\geq 2.0$  + leadership/community service)

Athletic award (award GPA  $\geq 2.0$  + Pronghorns)

\*unless otherwise stated

Prize (outstanding achievement in a course or set of courses)

Fund #50068

**Endowed**

Terms of Reference

**UNIVERSITY OF LETHBRIDGE FACULTY ASSOCIATION ACADEMIC AWARD  
(Donor: University of Lethbridge Faculty Association)**

**Value:**

Variable. Eligible applicants will receive the award value for each eligible Member connection (up to two)

**Number:**

Variable, all eligible applicants will be awarded.

**Eligibility-candidate pool:**

Students who are the spouse, common-law partner, child, or step-child of a dues-paying statutory member of the University of Lethbridge Faculty Association (ULFA), or were the dependent of a legal guardian and Statutory Member of the University of Lethbridge Faculty Association (ULFA) at the time of that Member's death.

Students must be enrolled full-time in their 2<sup>nd</sup> or subsequent semester at a post-secondary institution (universities, colleges or technical institutes).

**Criteria-ranking the pool:**

Applicants will not be ranked for this award

No student may receive this award more than twice.

**Payable:**

Payment immediately following the granting of the award.

**Application:**

Separate application required, deadline September 30. Students studying outside the University of Lethbridge must supply a confirmation of current course registration/schedule. If students are studying at the UofL a confirmation of registration is not required. A verification of enrollment in the 2<sup>nd</sup> or subsequent semester at the post-secondary institution must be provided if not otherwise indicated on the confirmation of current course registration/schedule.

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## Academic Award Application

Name:

S.I.N.:

U of L ID #: (If applicable)

Date of Birth (dd-mmm-yyyy):

Address:

City:

Province:

Postal Code:

Email:

Post-Secondary Institution(s) Attended:

Institution:

Dates Attended:

Institution:

Dates Attended:

Post-Secondary Institution Currently Attending:

Name(s) of Sponsoring Faculty Member(s):

Faculty Member's Academic Unit(s):

Relationship(s) to Student:

### I UNDERSTAND AND AGREE THAT:

All information given on this application is complete and true in all aspects, and that the Scholarships and Student Finance Office is authorized to access transcripts of my academic record. Information gathered on this application is for the purpose of determining candidates for the ULFA Academic Award. SINs are collected as a Canada Revenue Agency requirement and must be provided by all students, except Visa students, prior to release of the award. Information gathered on this application is considered confidential and will be used and disclosed in accordance with privacy legislation. For more information regarding the collection or use of this information, please contact Scholarships and Student Finance (403.329.2585).

Signature:

Date: