

**Applicant Information**

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**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Prefix:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Province / State:** \_\_\_\_\_

**Postal Code / Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**\* How did you hear about this scholarship program?**

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- |                                   |                                    |                                            |                                           |                                   |
|-----------------------------------|------------------------------------|--------------------------------------------|-------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Email    | <input type="checkbox"/> Employer  | <input type="checkbox"/> Facebook          | <input type="checkbox"/> Family or Friend | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Online ad | <input type="checkbox"/> School or Teacher | <input type="checkbox"/> Twitter          | <input type="checkbox"/> Other    |

**\* Have you ever been a recipient of this award?**

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**\* If so, please indicate the date(s) (yyyy-mm-dd)**

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## Academic

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### Scholastic History

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Please list the educational institutions attended during the last two academic years.

| Name of School | From (yyyy-mm-dd) | To (yyyy-mm-dd) | Country | Grade Completed |
|----------------|-------------------|-----------------|---------|-----------------|
|----------------|-------------------|-----------------|---------|-----------------|

| Name of School | From (yyyy-mm-dd) | To (yyyy-mm-dd) | Country | Grade Completed |
|----------------|-------------------|-----------------|---------|-----------------|
|----------------|-------------------|-----------------|---------|-----------------|

### Post-Secondary Data

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List the name of the educational institution you plan to attend during the upcoming academic year.

| Institution Name | Campus | Start Date (yyyy-mm-dd) |
|------------------|--------|-------------------------|
|------------------|--------|-------------------------|

| Length of Program (years) | Proposed Field of Study | Degree or Diploma Sought |
|---------------------------|-------------------------|--------------------------|
|---------------------------|-------------------------|--------------------------|

| Institution Name | Campus | Start Date (yyyy-mm-dd) |
|------------------|--------|-------------------------|
|------------------|--------|-------------------------|

| Length of Program (years) | Proposed Field of Study | Degree or Diploma Sought |
|---------------------------|-------------------------|--------------------------|
|---------------------------|-------------------------|--------------------------|

| Institution Name | Campus | Start Date (yyyy-mm-dd) |
|------------------|--------|-------------------------|
|------------------|--------|-------------------------|

| Length of Program (years) | Proposed Field of Study | Degree or Diploma Sought |
|---------------------------|-------------------------|--------------------------|
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## Additional Information

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Will you be a Canadian citizen or permanent resident by June 16, 2021? ☐ Yes ☐ No

## Essays

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Please attach the essay(s) to the application.

### \* Volunteer/Community Involvement and/or Extracurricular Activities

Please provide a short essay describing the applicant's volunteer/community involvement and/or extracurricular activities over the past five years.

Maximum 250 words.

## Authorization for the Distribution of Personal Information

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In compliance with Privacy Law, information about your application will not be released to anyone who has not been specifically authorized by you, the applicant. Third parties (parents, guardians, etc.) may contact Universities Canada on your behalf, in person, by phone, or by email, to receive information about your application but only if you have authorized them on your account.

To add an individual to your file, please provide the names of family members or legal guardians to whom Universities Canada may release your personal information. Please also provide a verbal password for their use when contacting Universities Canada. Information about your file will be only be given to those individuals who appear on your list and can provide this password. It is your responsibility to ensure the parties named below are aware of the password you have provided Universities Canada.

**Note: You are not required to provide access to your file and may change the information at any time.**

FirstName: \_\_\_\_\_

LastName: \_\_\_\_\_

Password: \_\_\_\_\_

FirstName: \_\_\_\_\_

LastName: \_\_\_\_\_

Password: \_\_\_\_\_

## Extracurricular and Community Activities

Please use the following page to demonstrate volunteer, community and/or extracurricular activities.

List most relevant extracurricular activities to this application. Additional copies of this page can be attached if more than two activities are to be considered. **The maximum number of activities you can submit is eight (8).**

Name of Activity: \_\_\_\_\_

ActivityType: ☐ Volunteer Activity ☐ Community Activity ☐ Extracurricular Activity ☐ Part-time Work

Dates \_\_\_\_\_ Total Hours for Period \_\_\_\_\_  
From (yyyy-mm-dd) To (yyyy-mm-dd)

Part of MandatoryService Requirement: ☐ Yes ☐ No Payment Received: ☐ Yes ☐ No

Detail of Role, Activities and Accomplishments:

Name of Activity: \_\_\_\_\_

ActivityType: ☐ Volunteer Activity ☐ Community Activity ☐ Extracurricular Activity ☐ Part-time Work

Dates \_\_\_\_\_ Total Hours for Period \_\_\_\_\_  
From (yyyy-mm-dd) To (yyyy-mm-dd)

Part of MandatoryService Requirement: ☐ Yes ☐ No Payment Received: ☐ Yes ☐ No

Detail of Role, Activities and Accomplishments:

## Supporting Documentation

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The supporting documentation described below is required as part of the application. If any of these documents are not received and accepted, your application will be considered incomplete and will not be evaluated. Universities Canada will send a final follow-up email to the applicant on June 14, 2021 requesting any missing or incomplete documentation. Any applicant submitting supporting documents after this date will not receive a follow-up email. Supporting documents must be received by Universities Canada on or before **1:00 PM EST June 16, 2021**.

The application form and all supporting documents may be sent directly to the address below.

## Letters of Reference

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Each letter of reference must be written by separate individuals who are not related to the applicant. **All letters must be dated, typewritten, signed with an electronic signature and include the reference's contact information.** The person writing the letter of reference should describe their relationship to the applicant in the letter. Reference letters must be dated within one (1) year of the supporting document deadline.

Two letters of reference are required to support the application and must come from two different individuals who are not related to the applicant. The first letter must come from a past or present teacher who knows the applicant and is familiar with their academic history and the second from a person familiar with the applicant's volunteer, community involvement and/or extracurricular activities.

## Transcript

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Provide an **official** transcript of the first year of marks (two terms of studies). A transcript will be only considered acceptable if it is presented on the official paper of the institution AND it bears the appropriate signature(s) and/or seal of the institution.

**NOTE:** Recognizing the impact of COVID-19, SPC will accept unofficial transcripts- bearing the student's name and date - from student accounts where official transcripts are not available.

## Endorsement/Nomination Form

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The Endorsement/Nomination Form must be completed by the nominating institution and included with your application.

## **Applicant Consent & Declaration**

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The Fessenden-Trott Scholarship Committee has contracted with Universities Canada for the administration of their scholarship program. This administration role includes the application process, the evaluation and selection process, the processing of recipients' files and the administering of payments for the scholarship on behalf of The Fessenden-Trott Scholarship Committee. The purpose of this statement is to set out Universities Canada's commitment to the protection of personal information collected, used, disclosed or retained in performing this function. Universities Canada will comply with the requirements of the Canadian Personal Information Protection and Electronic Documents Act (PIPEDA) for the collection, use, disclosure and retention of personal information provided by you in the course of your scholarship application.

Universities Canada has appointed a Privacy Officer with overall responsibility for Universities Canada privacy compliance. Should you have any questions, concerns or complaints regarding the privacy of your personal information please contact the Privacy Officer by calling (613) 563-1236 or by writing to: Privacy Officer at 1710-350 Albert Street, Ottawa, ON K1R 1B1.

Please find below a summary of Universities Canada's privacy policies concerning the collection, use, disclosure and retention of the personal information you will be submitting in this application. Please read the information below carefully as by submitting your application you are consenting to the collection, use, disclosure and retention of your personal information as summarized below. A full version of Universities Canada's Privacy Code which outlines Universities Canada's complete personal information management practices, policies and procedures is available online at [www.univcan.ca](http://www.univcan.ca) or by requesting a copy from Universities Canada's Privacy Officer.

### **PURPOSE OF COLLECTION, USE, DISCLOSURE AND RETENTION OF PERSONAL INFORMATION**

Your personal information is being collected on behalf of The Fessenden-Trott Scholarship Committee for the purposes of processing and evaluating scholarship applications, selecting and processing scholarship recipients and administering scholarship payments once awarded. Your personal information will be collected from you and may also be collected from references, secondary and postsecondary educational institutions, government, community or other sources based on the information provided by you in this application. This process will include the release of any or all of your personal information to The Fessenden-Trott Scholarship Committee and Selection Committee members as well as any other third parties where such release is necessary for verification, scholarship evaluation, selection, administration purposes as well as internal Universities Canada system administration purposes. Your personal information may be used in the future for the purposes of contacting you and by Universities Canada in evaluating outcomes associated with the scholarship program. There will be no other uses or disclosures of your personal information by Universities Canada unless required or authorized by law or unless you are contacted and your permission is requested. The personal information being collected in the application is limited to only that information which is necessary for the full consideration of your scholarship application and the purposes noted herein.

### **PROMOTION PURPOSES FOR RECIPIENTS**

The Fessenden-Trott Scholarship Committee may from time to time wish to announce scholarship winners, their current educational institution, the university or college where they intend to study and the course of study funded by the scholarship, as well as the amount of the scholarship, or to use or disclose recipient information for promotional purposes. The Fessenden-Trott Scholarship Committee shall be responsible for obtaining the consent of recipients for such purposes.

### **ACCESS TO AND ACCURACY OF YOUR PERSONAL INFORMATION**

Upon request to Universities Canada Privacy Officer, you will be given access to your personal information held by Universities Canada. Should you wish for Universities Canada to delete your personal information, you may do so by contacting the Privacy Officer. If your personal information is deleted, you may no longer be able to participate in the scholarship program or receive payments associated with that program. To re-activate your account, you must contact Universities Canada directly. Universities Canada will, on request, correct inaccuracies in your information. Please be advised that inaccuracies must be brought to the attention of Universities Canada prior to the selection of a scholarship recipient.

#### RETENTION OF PERSONAL INFORMATION

Universities Canada and The Fessenden-Trott Scholarship Committee will securely retain personal information about applicants for the purposes of verifying applications, completing the assessment and evaluation, selecting a recipient, administering scholarship payments, and addressing any concerns regarding the program. Furthermore, Universities Canada and The Fessenden-Trott Scholarship Committee will retain certain personal information collected throughout the application process for the purposes of contacting you in the future, for assessing the efficacy of the scholarship and for undertaking aggregate analysis with regards to Universities Canada programs. This personal information will be kept in accordance with [Universities Canada's Privacy Statement for Scholarship and Awards Programs](#). Universities Canada will retain a permanent listing of the internal identification numbers of the recipients of the scholarship program in any given year. Universities Canada requires that The Fessenden-Trott Scholarship Committee comply with Universities Canada's Privacy Policy as outlined herein or follows a policy with comparable privacy standards.

#### CONSENT

You may refuse to provide personal information to us. You may also withdraw your consent at any time, subject to legal or contractual restrictions and reasonable notice. However, in either case, this may limit your scholarship eligibility and our ability to administer the scholarship payments. By completing and signing/submitting this application you are consenting to the collection, use, disclosure and retention of your personal information for the above stated purposes.

**I have read and agree with the above consent. I have also read the scholarship guidelines and understand the eligibility requirements for this program. I certify that all information provided in this application form and attached documents are true and accurate to the best of my knowledge. I understand that acceptance of this application or receipt of any scholarship/award issued to me may be revoked without notice if any information in this application is subsequently found to be false.**

Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Contact Us

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Scholarship Partners Canada  
Ref: Fessenden-Trott Scholarship  
1710-350 Albert Street  
Ottawa ON K1R 1B1

Tel.: (613) 563-1236  
Toll free: 1-844-567-1237  
E-mail: [awards@univcan.ca](mailto:awards@univcan.ca)

# NOMINATION FORM

## 2021 Fessenden-Trott Scholarship

This form is to be completed by the Nominating Official. Each eligible institution, or the campus within the same institution, may nominate ONE candidate.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| I wish to nominate _____<br>(Name of applicant – please print)                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |
| A first year student at _____<br>(Name of university – please print)                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |
| <b>Declaration of Eligibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |
| The following persons are acceptable as nominating officials: Executive Head / President, Dean of Faculty, Head of Department.<br><br>For the Fessenden-Trott Scholarship, I certify that the candidate meets the eligibility requirements <u>as outlined in the scholarship program guidelines</u> . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |                                                                |
| <b>Nominating Official – PLEASE PRINT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |
| Name _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Position Title _____<br>Address _____<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>Street</span> <span>City</span> <span>Province</span> <span>Postal Code</span> </div> Telephone _____ Email _____ |                                                                |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signature of nominating official: _____                        |
| <b>Please provide the following information of the person at the university who will act as a <u>second contact</u> for correspondence concerning this application – PLEASE PRINT</b>                                                                                                                                                                                                                                                                                                   |                                                                |
| Name _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Address _____<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>Street</span> <span>City</span> <span>Province</span> <span>Postal Code</span> </div> Telephone _____ Email _____                         |                                                                |
| <b>Please note that each eligible institution may nominate <u>ONE CANDIDATE</u> and that the application must be dully endorsed by the nominating official above and the Director of the Awards/Financial Aid Office.</b>                                                                                                                                                                                                                                                               |                                                                |
| Name _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Permanent Address _____<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>Street</span> <span>City</span> <span>Province</span> <span>Postal Code</span> </div> Telephone _____ Email _____               |                                                                |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signature of Director of the Awards/Financial Aid Office _____ |



**Universities  
Canada.**



## Guidelines for Letters of Reference

### Undergraduate Awards

You have been asked to write a letter of reference on behalf of a student applying for a scholarship administered through Scholarship Partners Canada. Writing a letter of reference takes time, and is greatly appreciated both by the applicant and by our selection committee.

To assist you in the preparation of this letter, please refer to the scholarship program guidelines and to the information below.

#### Academic reference letters

If you are providing an academic reference, please state the length of time and the capacity in which you know the applicant. Your letter of reference should concentrate on the potential the applicant has to excel in postsecondary studies.

#### Volunteer/community service and extracurricular activities reference letters

If you are providing a reference letter related to volunteer/community service or extracurricular activities, please state the length of time and the capacity in which you know the applicant. Describe the applicant's role, their accomplishments and how their service has impacted the organization or community. In addition, please indicate if the applicant demonstrated exceptional leadership, extraordinary effort and ability to overcome adversity.

**Each letter of reference must be written by separate individuals who are not related to the applicant. All letters must be dated, typewritten, signed with an electronic signature and include the reference's contact information.** The person writing the letter of reference should describe their relationship to the applicant in the letter. Reference letters must be dated within one (1) year of the supporting document deadline.

The letter should be given directly to the applicant so that it may be included with their application. The applicant would appreciate a prompt response, in order to meet the application deadline. Thank you very much for taking the time to support this applicant and contributing to a fair selection process.