

# Marilynn Booth Award of Excellence 2020 APPLICATION FORM

## Definition

Throughout her career, Marilynn Booth has shown how continuing education broadens horizons, creates opportunity, enriches our culture and builds stronger communities - in our city, across Canada and around the world. To honour Marilynn Booth in her retirement after a decade of remarkable achievements as Dean of the University of Toronto School of Continuing Studies, the Marilynn Booth Award of Excellence was created to recognize and reward career-focused learners who have demonstrated academic success, personal commitment and exemplary leadership.

#### Value

The Marilynn Booth Award of Excellence is valued at \$1,000. There will be up to six recipients annually.

### Eligibility

- Applicants must be in good financial standing with the University of Toronto School of Continuing Studies.
- At the time of applying, applicants must be University of Toronto School of Continuing Studies students who have successfully completed a minimum of 50% of the required courses to complete a career related certificate program at the School of Continuing Studies, with a minimum B average.

#### **Selection Criteria**

- Applicants must submit a written personal account (700 1,000 words) describing how they applied their learning to advance their careers.
- Applicants must submit one letter of support from their employer verifying their accomplishments.
- Current curriculum vitae containing full educational and professional history.

#### **Application Procedures**

Applicants must apply by email to **events.scs@utoronto.ca**. Completed application forms must be received by **June 26**, **2020**. Please note that applications submitted by mail will not be accepted at this time. The winner(s) will be announced and the prizes presented in the fall of 2020.



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#### **Part I – Personal Information**

It is essential that you complete all sections. Please print clearly.

School of Co	ontinuing Studies Student N	umber (if applicable):				
Email:		Mr. 🗆 Mrs	$Mr. \square Mrs. \square Ms. \square Other$			
First Name:		Last Name	Last Name:			
Street Address:		Suite #:	Suite #:			
City:		Province:	Province:			
Postal Code:		Home Pho	Home Phone Number:			
Alternate Ph	one Number:	Cell Phon	Cell Phone Number:			
Date of Birth	h (D/M/Y):					
Status:	Canadian Citizen:	Permanent Resident	Refugee C	Refugee Claimant		
Residency: Have you been a resident of Ontario for at least one year?			Yes □	No 🗆		

#### Part II – Checklist

Please be sure to include:

- Written personal account
- Letter of support from employer
- Curriculum vitae

# Part III – Signature

The above information is, to the best of my knowledge, true and accurate. I understand that any false statements I may make could disqualify me for the School of Continuing Studies Bursary. All awards/bursaries are considered taxable benefits by Revenue Canada. In order to receive a bursary, recipients will be required to provide their Social Insurance Number for tax purposes. By signing below, I indicate that I understand and agree to these terms and conditions.

Signature

Date