FACULTY OF HEALTH

Sammy Graduate Scholarship in Autism Research Application Form

Student Personal Information

Name:

Student Number:

Email Address:

Phone Number:

Department/School Affiliation:

Year of study:

Thesis Supervisor:

Title of your research/dissertation:

Five-line plain language description of your research area:

☐ Enclose a written statement (maximum 1 single-spaced page, Times New Roman 12 point font, 1"
margins) outlining your experience and interest in the prevention, diagnosis or treatment of autism.
☐ Enclose a copy of your full CV.
☐ Enclose a letter of support from your supervisor, if possible.

Your Agreement

I have read and agree to the following:
1. The information I have provided in this application is **complete and accurate**.
2. All information I have provided in connection with this application is subject to verification and audit by York University. I will provide supporting documentation to York to verify my eligibility upon request.
3. I give York University my consent to disclose information on this form to other educational institutions and the Ministry of Training, Colleges and Universities (for OSAP purposes) to verify information.
4. Any funds I receive will be applied to my student account at York University.
5. **Scholarship consent**: Should I be selected to receive a scholarship, I consent to the use and disclosure of my name, program of study, year level and photograph for promotional purposes. Information contained in this application may be shared with the donor of the award for stewardship purposes.
6. I agree that my thesis supervisor can be contacted on an as-needed basis regarding this award and any meetings that may arise for recipients of this award.

ORIGINAL SIGNATURE REQUIRED.
Faxes, photocopies & e-mail attachments will not be accepted.

Signature: _____   **Date:** _____

INTERNAL USE ONLY

Date received:	Received by:
Session:	Award Amount: