

Date of Thesis Proposal (if applicable):

The William G. Davis Graduate Student Fellowship in Community College Leadership 2023-2024 Application Form

To be awarded to one or more doctoral students in the Community College Leadership Cohort in the Higher Education Program on the basis of their academic merit and financial need. Recipients must be registered students in good academic standing during the 2023-2024 academic year and must have a demonstrated financial need based on the University's criteria.

Value: Based on the accrued annual income (approximately \$24,000) which can

	be divided among multiple recipients
	Application Deadline: February 3, 2024
Persor	nal Information
	Name:
	U of T Email Address:
	U of T Student Number:
	Program Name:
	Degree:
	Year of Study:
Suppo	orting Documents for this Application
Please attach the following documents to your application:	
1. 2. 3.	Letter of reference from supervisor in support of application
4.	Transcripts; unofficial copies are acceptable
Thesis	Information
	Stage of thesis:
	Thesis Title (tentative):
	Date of Comprehensive Exam (if applicable):

Expected Completion Date:

Thesis Supervisor or Faculty Advisor:

Privacy Statement

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5835, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1

Certification Statement and Signature

I certify that all information provided for this application is correct. I have read the Privacy Statement. I authorize the Selection Committee to examine my application/student file in connection with this Award application I understand that if I am selected as a recipient of this award, then OISE may publish my name as a recipient of this award and my name and limited, general, biographical and academic information will be provided to the private donors who have established this award. I agree to the release of this information for this purpose.

Digital Signature:

Alternate Signature:

(Type or use an image of your signature here if you cannot use the digital signature)

Date:

Submission Instructions

Please submit your completed application electronically by 11:59 pm on February 3, 2024 to LHAE Awards at lhae.awards@utoronto.ca

On your email subject header, please use this format: Award Name - Student Name - Student Number

Click Here to E-Submit to LHAE