Undergraduate Award Bulletin

Susan Levin-Woods Scholarship

The Susan Levin-Woods Scholarship was established through the generosity of Mrs. Susan Levin-Woods, a graduate of Concordia University.

Eligibility: This scholarship is awarded annually to a Canadian woman who has demonstrated excellence in her studies.

Applicants must be pursuing a degree in any area of study at Concordia University on a full-time or part-time basis while following a career path, or bringing up a family.

Applicants must have successfully completed at least thirty (30) credits at Concordia University towards their current degree of study (transfer credits from other institutions excluded), as well as an Assessment GPA for 2018-2019 of at least 3.30.

Status: Applicants must be full-time or part-time at Concordia University in Fall/Winter 2019-2020.

This scholarship is open to Canadian Citizens only.

Value: 1 Award - \$900.00

APPLICATION DEADLINE: September 30, 2019 at 5:00 p.m.

Students wishing to be considered for this scholarship must attach their personal statement to their completed application form.

Applications and supporting material must be submitted to the Financial Aid and Awards Office located in the Guy Metro Building room GM-230 to the attention of the Undergraduate Awards Officer by the above deadline.

For more information on Undergraduate In-Course Awards, visit the **Financial Aid and Awards Office Website**:

http://www.concordia.ca/students/financial-support/scholarships-awards.html

Susan Levin-Woods Scholarship Application Form 2019

<u>APPLICANT'S PERS</u> (Please print clearl		INFORMAT	<u>'ION</u>					
Eamily Name:				_ <u>Given Name</u> :				
Student I.D.:				_ Social Insurance Number: / /				
E-Mail Address:				_ Date of Birth (MM/DD/YYYY):				
Current Address:	Street						partment	
	City		<u></u>			Pi	rovince	
	Postal Cod	le	-	Telephone:		-		
Is this your Parent's Address?	• -	□ Yes		□ No	Work ()		
Your Marital Status:		Single	Marriec	Divol	rced		Separated	
Number of Dependent Children You Have:						Their Ages:		
[Please provide a copy of child(ren)'s birth certificate(s)]								
Your Faculty of Study:				Department:				
REQUIRED CANDII	DATE ST	FATEMENT	;					
Please include with your application form a written statement (500 to 700 words) explaining why you returned to studies (whether full-time or part-time) and what your personal, professional and academic objectives are.								
In submitting my application I understand that, in the event I am selected to receive this scholarship, my name and program will be provided to the donor(s) of the scholarship as part of the University's annual donor reports, and that the information contained in my University application and in the present application may be used in the University's marketing materials and publications.								
STUDENT SIGNATURE	DATE:							

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