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 2020-2021 of at least 3.30.

Status: Applicants must be full-time or part-time at Concordia University in Fall/Winter 2021-2022.

This scholarship is open to Canadian Citizens only.

Value: 1 Award - \$900.00

APPLICATION DEADLINE: October 15, 2021 at 5:00 p.m.

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

In order to apply for this Application Based Award, you must submit all documentation securely in your MyConcordia Portal through your Student center.

Detailed instructions on the process can be found at the following link:

https://www.concordia.ca/students/financial-support/scholarships-awards/uploadprocess-for-concordia-application-based-awards.html

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

Concordia

Susan Levin-Woods Scholarship Application Form 2021-2022

APPLICANT'S PERS (Please print clear)		INFORMA	<u>TION</u>			
Family Name:				_ <u>Given Name</u> :		
Student I.D.:				_ Social Insurance Number: / /		
E-Mail Address:			Date of Birth (MM/DD/YYYY):			
Current Address:	Street					Apartment
	City					Province
	Postal Co	de		Telephone:	Home ()
	i ustai cu	ue			Work ()
Is this your Parent's Address?	2	□ Yes		□ No		
Your Marital Status:		□ Single	Marrie	d 🛛 🗆 Di	vorced	Separated
Number of Dependent Children You Have:			Their Ages:			
[Please provide a copy of	child(ren)	's birth certif	icate(s)]			
Your Faculty of Study:				Department:		
REQUIRED CANDIDATE STATEMENT : 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:			<u> </u>	DATE:		