



APPLICATION FOR UNIVERSITY OF LETHBRIDGE ELEMENTS PHYSICAL THERAPY & ACUPUNCTURE AWARD

Purpose	Elements Physical Therapy & Acupuncture has been a prominent supporter of the local community and the University of Lethbridge. With a passion for guiding clients towards a healthy and balanced lifestyle, owner Dr. Wendy Takeda has provided an opportunity to award two graduate level students majoring in Health Sciences
Eligibility	Entering or continuing M.Sc students majoring in Health Sciences
Value	\$2, 500
Criteria	<ul style="list-style-type: none">• Academic Achievement• Demonstrated volunteer service or community involvement• Preference to demonstrated financial need
Further Information	For the attention of: SGS Awards Advisor Email: sgs.awards@uleth.ca
Deadline	May 1 If the deadline falls on a weekend then submit on the next business day
Submit	Completed applications returned to: SGS Award Advisor It is your responsibility to ensure that all requested information is attached and received by the stated deadline. Incomplete or late applications will not be considered. The University of Lethbridge is not responsible for any applications lost in the delivery system.
FOIP	<u>FOIP Notification</u> The personal information on this form is collected under the authority of the <i>Post-secondary Learning Act</i> (Alberta) and the <i>Freedom of Information and Protection of Privacy Act</i> (Alberta). The information collected will be used to administer the University's Graduate Awards. For successful applicants, the information collected will also be used to promote this program and shared with the donors and other University units. Questions on the collection, use or disclosure of this information must be directed to the University of Lethbridge FOIP Coordinator, 403-332-4620 or foip@uleth.ca.

PERSONAL INFORMATION

First Name:

Last Name:

U of L ID Number:

Email:

Citizenship Status:

PERIOD OF STUDY AT THE UNIVERSITY OF LETHBRIDGE:

Program Semester Start Date:

Program Start Year:

Program you are currently in:

Year of Study:

Department:

FINANCIAL INFORMATION

Please indicate all sources of funding you are presently receiving:

Graduate Teaching Assistantship

Research Assistantship Amount:

Other Please indicate the source and amount below:

Source:	Amount \$:
Source:	Amount \$:
Source:	Amount \$:
Source:	Amount \$:
Source:	Amount \$:
Source:	Amount \$:
Source:	Amount \$:
Source:	Amount \$:
Source:	Amount \$:
Source:	Amount \$:

Outline below your volunteer service or community involvement

SIGNATURE

This application must be signed. I hereby certify that the information given on this application is complete and true in all respects. If granted an award, I authorize the Scholarships and Student Finance Office to release pertinent information to the donor of the award, various University of Lethbridge departments and the news media.

Date:

Signature: