



Application for
Sharyl Yore Award

Deadline: March 31st

Student Awards & Financial Aid

PO Box 3025 STN CSC
Victoria, BC V8W 3P2
Phone (250) 721-5600
Fax (250) 721-8757
<http://registrar.uvic.ca/safa>

ELIGIBILITY CRITERIA

- One or more awards are given to members of the University of Victoria Office and Technical and Child Care staff who hold a regular appointment, have completed their probationary period and are taking classes in order to pursue a UVic degree, diploma or certificate. First preference will be given to Exempt staff and second preference is given to members of CUPE 951 whose tuition and book costs are not fully covered by benefits received from the Career Development Fund. Preference will be given to recipients closest to completing their degree, diploma or certificate. This award will not be given to the same individual in successive years. Completed applications must be submitted to Student Awards & Financial Aid by March 31.

👉 Incomplete applications will not be considered.

PERSONAL INFORMATION											
Last Name					First Name						
Banner Number				Email							
Social Insurance Number						Phone					
Address while at UVic						Email					
City			Province			Postal Code					
Program of Study											
Current number of units registered:											
<input type="radio"/> Certificate			<input type="radio"/> Diploma		<input type="radio"/> Undergraduate		<input type="radio"/> Master's		<input type="radio"/> PhD		Expected Year of Graduation:
Marital Status: <input type="radio"/> Single <input type="radio"/> Married or Common-Law <input type="radio"/> Widowed/Separated/Divorced											
Are you: A member of the UVic Office and Technical or Child Care Staff (CUPE 951) holding a regular appointment? <input type="radio"/> Exempt Staff <input type="radio"/>											
In which area are you employed?											
When did you complete your probationary period?											
Have you received this award before? If yes, please specify year and term:											
DECLARATION											
I hereby declare that all information given above is complete and true in every respect, and that I have answered all questions applicable to me on this form. I agree that the University of Victoria has first claim to any monies awarded, and that if my circumstances change from those reported on this application, the funds may be rescinded. Should my application be successful, I hereby agree to the release of my name and address.											
Signature:								Date:			
OFFICE USE ONLY											
Reg Units	Sess GPA	Cum GPA	Year	Degree	Faculty	Program/Major	Award Title	Amount	Code	Date	