



# Environmental Health After Degree Student of the Year Award Application

**Eligibility Criteria:** Awarded annually to a student in the Bachelor of Environmental Health (After-Degree) program who demonstrates academic excellence, a commitment to community public health related volunteerism, and engagement with the Concordia community.

Applicants must:

1. Be enrolled in a Bachelor of Environmental Health After Degree program.
2. Demonstrate academic excellence – a minimum cumulative **3.2 GPA** on all EH coursework completed prior to start of the practicum/research component.
3. Demonstrate a commitment to community volunteerism (e.g., volunteering with a food bank, church, healthcare facility, etc.).
4. Demonstrate sustained engagement with the Concordia community by participating in the organization of events and/or activities (e.g., task leader, mentor, event assistant, CUE initiatives, etc.).
5. Have completed all three semesters of coursework within one year (12 months) before applying for the award.
6. Not be an executive member of the Environmental Health Students' Union.

**Value:** \$500

**Donor:** Concordia Students' Association

**Application Process:**

**Step 1:** Submit a completed application form to Financial Aid & Awards. Applications can be emailed to [finaid@concordia.ab.ca](mailto:finaid@concordia.ab.ca) or dropped off at Student Enrolment Services (HA120)

**Step 2:** A selection committee will choose the recipient for the Environmental Health (AD) Student of the Year

**Step 3:** Only the successful recipient will be notified

**Deadline:** August 1

**For more information:**

Telephone: 780-479-9219

Toll Free: 1-866-479-5200

Email: [finaid@concordia.ab.ca](mailto:finaid@concordia.ab.ca)



- This application is a PDF Fillable form. The tab key may be used to move between fields in the form.
- All questions must be completed or marked “not applicable” (N/A).
- Print the completed form, sign it and submit it to [finaid@concordia.ab.ca](mailto:finaid@concordia.ab.ca) or Student Enrolment Services, HA120. You may save and/or print a copy for your records
- Handwritten, incomplete, inaccurate or late applications will not be considered

Email \_\_\_\_\_

Organization & Position Held:	
Dates: _____ From (yyyy-mm-dd) To (yyyy-mm-dd)	Total Hours for Period: _____
Payment Received: Y N	
Detail of Role, Activities & Accomplishments:          	
Reference: List the name of a reference that we may contact who can speak to your community or service abilities for this activity.	
Referee Name:	Referee Email:
Referee Title/Position:	Referee Phone Number:

## Activity 2

<b>Organization &amp; Position Held:</b>	
<b>Dates:</b> _____ From (yyyy-mm-dd)      To (yyyy-mm-dd)	<b>Total Hours for Period:</b> _____
<b>Payment Received:</b> Y                          N	
<b>Detail of Role, Activities &amp; Accomplishments:</b>	
<b>Reference:</b> List the name of a reference that we may contact who can speak to your community or service abilities for this activity.	
<b>Referee Name:</b>	<b>Referee Email:</b>
<b>Referee Title/Position:</b>	<b>Referee Phone Number:</b>

### Activity 3

<b>Organization &amp; Position Held:</b>	
<b>Dates:</b> _____ From (yyyy-mm-dd)      To (yyyy-mm-dd)	<b>Total Hours for Period:</b> _____
<b>Payment Received:</b> Y      N	
<b>Detail of Role, Activities &amp; Accomplishments:</b>	
<p><b>Reference:</b> List the name of a reference that we may contact who can speak to your community or service abilities for this activity.</p>	
<b>Referee Name:</b>	<b>Referee Email:</b>
<b>Referee Title/Position:</b>	<b>Referee Phone Number:</b>

## Activity 4

<b>Organization &amp; Position Held:</b>	
<b>Dates:</b> _____ From (yyyy-mm-dd)      To (yyyy-mm-dd)	<b>Total Hours for Period:</b> _____
<b>Payment Received:</b> Y                          N	
<b>Detail of Role, Activities &amp; Accomplishments:</b>	

<b>Reference:</b> List the name of a reference that we may contact who can speak to your community or service abilities for this activity.	
<b>Referee Name:</b>	<b>Referee Email:</b>
<b>Referee Title/Position:</b>	<b>Referee Phone Number:</b>

## 2. CONCORDIA VOLUNTEERISM

List all Concordia specific events or activities that you took part in organizing.

### Activity 1

<b>Position Held:</b>	
<b>Dates:</b> _____ From (yyyy-mm-dd) To (yyyy-mm-dd)	<b>Total Hours for Period:</b> _____
<b>Payment Received:</b> Y N	
<b>Detail of Role, Activities &amp; Accomplishments:</b>	

### Activity 2

<b>Position Held:</b>	
<b>Dates:</b> _____ From (yyyy-mm-dd) To (yyyy-mm-dd)	<b>Total Hours for Period:</b> _____
<b>Payment Received:</b> Y N	
<b>Detail of Role, Activities &amp; Accomplishments:</b>	

### Activity 3

<b>Position Held:</b>	
<b>Dates:</b> _____ From (yyyy-mm-dd) To (yyyy-mm-dd)	<b>Total Hours for Period:</b> _____
<b>Payment Received:</b> Y N	
<b>Detail of Role, Activities &amp; Accomplishments:</b>	

### Activity 4

<b>Position Held:</b>	
<b>Dates:</b> _____ From (yyyy-mm-dd) To (yyyy-mm-dd)	<b>Total Hours for Period:</b> _____
<b>Payment Received:</b> Y N	

**Detail of Role, Activities & Accomplishments:**

*This information is collected in accordance with the Personal Information Protection Act (Alberta) and the Taxation Act (Canada) and is required to determine your eligibility for this award. If you have any questions about the collection, use or disclosure of this information you may contact the Financial Aid and Awards Office at 780-479-9219 or toll-free at 1-866-479-5200 or by email at [finaid@concordia.ab.ca](mailto:finaid@concordia.ab.ca)*

**DECLARATION OF APPLICANT**

I declare that:

- i The information provided on this application for is, to the best of my knowledge, current and accurate;
- ii I consent to the disclosure and exchange of my personal information by and between the Financial Aid and Awards Office and the Registrar to verify my program of study, academic standing, and registration status to determine my eligibility for this award;
- iii I understand that should I receive a financial award that I am subject to the reporting obligations of the Canada Revenue Agency regarding scholarships and I will provide the Financial Aid and Awards Office my Social Insurance Number for the purpose of issuing a T4A.
- iv If selected as a recipient, I agree to the disclosure and exchange of my personal and contact information by and between the Financial Aid and Awards Office and the donor or their representative. I also agree to the release of my name, photo and personal information for promotional purposes.
- v I acknowledge that my referees provide information to the Financial Aid and Awards Office in confidence and that information will not be disclosed to me.

<b>Signature</b>	<b>Date (YYYY/MM/DD)</b>

Submit your application documents to:

Financial Aid & Awards  
Email: [finaid@concordia.ab.ca](mailto:finaid@concordia.ab.ca)  
or  
In Person: HA 120, Student & Enrolment  
Services

**DEADLINE: AUGUST 1**

Contact us:

Telephone: 780-479-9219  
Toll free: 1-866-479-5200  
Google Meet: [bit.ly/CUE-FinAidCal](https://bit.ly/CUE-FinAidCal)  
In-Person: HA 120, Student & Enrolment  
Services