



Department of French Studies
ML 336
Waterloo, ON N2L 3G1
519-888-4567 x35132

Award Application Form

This form should be completed with reference to the Ramakrishnan Award profile on [the French Studies Scholarships and Awards](#) page. This form should be submitted for the Ramakrishnan Award only.

The Ramakrishnan Fund, in honour of François Paré.

Student Information

Waterloo Student Number _____

Last name _____ First name _____

Program/plan _____

Enrolment level (e.g. 3A) _____ Academic standing _____

Application Procedure

Carefully review the award eligibility and selection criteria listed on [the French Studies Scholarships and Awards](#) page. Then complete this form and attach the following supporting documentation and submit it to the Chair of French Studies, by April 30:

- A detailed letter (1 page maximum) explaining how you have been successful in surmounting your personal challenge (or crisis) while maintaining a strong academic performance.
- A note from a French Department professor or academic advisor, chosen by the student, confirming the situation and the fact that the student maintains a strong academic performance.

Amount requested \$ _____

Declaration and Consent

1. I confirm that the information provided in this application package is complete and accurate to the best of my knowledge.
2. I understand that I am responsible for providing all required documentation as indicated in the application instructions or as directed by the administering office, and that if I do not submit the required documentation/information, I may be disqualified.
3. I understand that the collection of personal information provided in this application package is used solely for determining my eligibility for this award and similar awards. Information submitted during the application process will be protected, used, and released in compliance with Ontario's Freedom of Information and Protection of Privacy Act (R.S.O. 1990, c. F31) and the University of Waterloo's policies.
4. I authorize the University to release a copy of this application package to the appropriate award selection committee.
5. I understand that if I am selected to receive this award, and am also an OSAP recipient, the award funds may affect my OSAP funding.
6. I acknowledge that if my funding changes in the term or for the intended period of support for which this award is provided, or if any details change that would disqualify me from continuing to hold this award, I will immediately notify SAFA, as I understand that it may result in a reassessment and/or cancellation of my award. All details provided in the application are subject to verification by the awarding office.

If selected as an award recipient, I authorize the University to release my name to the donor.

Student signature _____ Date _____

For French Studies Department and Student Awards and Financial Aid Office Use Only

Decision: