SSLL APPLICATION TEMPLATE

Please note that this template is meant to assist you in preparing your application. Only application forms completed through the <u>online portal</u> will be reviewed.

Shaping Student Life and Learning (SSLL) Grant Application (2024-25)

Applications are accepted on an on-going basis until April 30, 2025.

The numbering of the questions will vary within the actual application according to your individual responses.

1. First Name (as appears in ACORN) * 2. Last Name (as appears in ACORN) * 3. Student Email *

4. Are you applying as an individual student or on behalf of a student club? *

Individual Student >>Go to Individual Student Application Details

Olub (UPS or PSGSA) >> Go to Club Application Details

Individual Student Application Details

5.	What is your degree program? * PharmD PharmD for Pharmacists Graduate – PhD, MSc, MScPhm
	Questions for Graduate Students only: Have you exhausted all sources of funding prior to this application? *
	○ Yes○ No
	Please detail your funding requests outside the SSLL and any approved funding (is applicable): *
6.	Expected year of graduation from your current program. * 2024-25 2025-26 2026-27 2027-28 2028-29
7.	Have you previously received funding from SSLL during your degree? * Yes No If yes, Please detail your previous funding, including the year, grant type, and
	amount awarded:
8.	What SSLL grant type are you applying for? * APPE Rotation (any location) >> Go to Questions ONLY for APPEs Conference (any location) >> Go to Questions ONLY for Conferences

Questions ONLY for Individual APPE Applications

any location or eligible degree program

9. During what block(s) does this APPE rotation occur? *
10. What are the APPE rotation's site name and address as they appear on CORE ELMS? *
11. Do you consider this APPE to be any of the following: *
 Located in Northern Ontario (e.g. North Bay, Parry Sound, Sault Ste. Marie, Sudbury, Thunder Bay, Timmins, etc.), or Located in Canada more than 80km from the LDFP building at 144 College Street in Toronto (using driving directions such as Google maps) None of the above
 12. Are you from Northern Ontario? (e.g. North Bay, Parry Sound, Sault Ste. Marie, Sudbury, Thunder Bay, Timmins, etc.) * Yes No Unsure
If yes or unsure, please share your ties to Northern Ontario *

>>Go to Final Questions for All Applications

Questions ONLY for Individual Conference Applications

any location or eligible degree program

11. W	hen is the conference taking place? *
12. W	here is the conference taking place? *
13. H	ow are you attending the conference? *
\bigcirc	In Person (I am travelling to the conference) Virtual (I will not be travelling to the conference)
14. W	fill you be presenting at the conference? *
\bigcirc	Yes
0	No
\bigcirc	Unsure
	If yes or unsure, please explain: *

15. Please upload your confirmation of registration for the conference. Documents must include a receipt from the organizer for the paid registration with your name and the total amount paid. *

File restrictions: up to 3, maximum 10MB, in Word, PDF, or image format

>>Go to Final Questions for All Applications

Club Application Details

6. Please share your club name (UPS or PSGSA) and the title of your position. *
7. What specific group are you applying for? For example, the group might be a class
council or club within UPS/PSGSA or another U of T recognized student club. *
8. What is the name of the activity for which you are applying for funding? *
The state of the detine, for this applying to running.
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9. When is the activity scheduled? Please be specific. *
10. How much is the total budget of the activity? You will be asked to upload a detailed
budget document with this application. *
11. How much in total funding are you requesting from SSLL? *
12. Please upload a budget for the activity with the requested SSLL funding identified. *
↑ Upload file
File number limit: 3 Single file size limit: 10MB Allowed file types: Word, Excel, PDF

>>Go to Final Questions for All Applications

Final Questions for All Applications:

sha you ans dev	e SSLL strives to enhance the student experience beyond the classroom. Please are your rationale for applying to the SSLL for this grant. You may include any details a wish the award committee to consider when reviewing your application. Your swer may include, but is not limited to, a discussion of your professional velopment, learning goals, financial assistance, or special circumstances. [Max 500 aracters] *
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Declar	ration
knowle herein	by certify that the information provided on this application is, to the best of my edge, true and complete, and I authorize the release of the information contained to the appropriate Review Committee. I also understand that I may be required to appropriate documentation should I be requested to do so. *
	○ Yes ○ No
	If no, You have responded "NO" to the Declaration. Only submissions with an affirmative declaration will be considered. Please confirm your choice. *
	○ Yes ○ No

End of Application