## **Canadian Institute of Ukrainian Studies**

430 Pembina Hall, University of Alberta Edmonton AB Canada T6G 2H8 Telephone: Cell: (780) 492-1470 E-mail: ciusappl@ualberta.ca Website: www.cius.ca

Application for

# STEVEN KOBRYNSKY MEMORIAL SCHOLARSHIP

2020-2021

1 MARCH

## Deadline for Application

Please type or print clearly. If more space is needed, attach extra sheets. All questions must be answered; use "not applicable" (n/a) where appropriate. Eligibility and evaluation criteria appear on the reverse side of this page.

1.	Name: Mr.		
	Ms.	surname	given names
2.	Present address:	apt	street
		city	province/state
		country	postal code
		telephone number:	
		e-mail:	
3.	Permanent address:		
		apt.	street
		city	province/state
		country	postal code
		telephone number:	

#### **ELEGIBILITY**

- (a) The scholarship is open to full-time undergraduate students who have completed at least one year of full-time study at the University of Alberta.
- (b) Applicants shall have completed the equivalent of at least two semester-length Ukrainian language courses. It is desirable that applicants with a minimal number of Ukrainian language courses completed should also be enrolled in a Ukrainian language course during the academic year in which application for the award is being made.
- (c) The number of Ukrainian language and Ukrainian-content courses in other disciplines completed or registered in by applicants will be considered in adjudicating awards.
- (d) The value of the scholarship is \$1,000, to be paid in a lump sum.
- (e) An overall minimum grade-point average of 7.0 (old system) or B- (new system) is required and a minimum of 8.0 (old system) or A- (new system) in Ukrainian language courses.
- (f) The deadline for receipt of the complete application by the Canadian Institute of Ukrainian Studies is 1 March (or the following Monday if 1 March falls on a Saturday or Sunday).

#### **EVALUATION CRITERIA**

Applications will be judged on a points system (maximum 12) that emphasizes academic achievement but also takes other factors into consideration:

Overall academic record (grades and past awards) (0-4)
Performance in Ukrainian language courses (0-4)
Number of Ukrainian language courses completed or registered in (0-2)
Number of Ukrainian courses completed or registered in (0-2)

The personal information requested on this form is collected under the authority of the *University Act* and Section 32(c) of the Alberta *Freedom of Information and Protection of Privacy Act* for administrative and financial processing purpose. Certain personal information may be made available to federal and provincial departments and agencies under appropriate legislative authority. Personal information is protected under the *Alberta Freedom of Information and Protection of* Privacy *Act*.

4.	This applicat	tion is for the academic year					
		_	month/year	to	month/year		
5.	Name of uni	versity:					
	Faculty:						
	Department:						
	Discipline:						
	Specializatio	.4. 1. 1. 1.					
	1	<u> </u>	major				
			mino	or			
6.	Degree sough	ht:					
	Length of program of study:						
	Year just cor	mpleted:					
	Month and y						
			month		year		
7.	List the Ukrainian language and other Ukrainian-content courses you have taken, providing the course name and number, length, title, and level, as well as the final grade or mark obtained.						
	Length (full/ half)	Course name and number	Grade or mark		Semester and year completed		

	List academic awards, scholarships, and other distinctions received in the past:						
	a)	High school					
	b)	University					
9.		List extracurricular and Ukrainian community activities in which you participated in the last two years:					
two years.							
10. Identify two persons whom the CIUS may contact to comment on your app							
	them must be a professor whose course(s) you have already taken.						
		m must be a pro	ofessor whose course(s	) you have already tak			
	a)	m must be a pro		) you have already tak			
		m must be a pro	ofessor whose course(s	) you have already tak	ken.		
		n must be a pro	ofessor whose course(s	) you have already tak	position		
	a)	name institution	ofessor whose course(s	) you have already tak	position address		
		name institution	ofessor whose course(s	) you have already tak	position		
	a)	name institution telephone/fax (p	ofessor whose course(s	) you have already tak	position address		

11.		It is the applicant's responsibility to have official transcripts from all post-secondary institutions forwarded to the CIUS as part of this application:					
	a)	Institution					
	,		-		me		
				add	ress		
	b)	Institution		na	me		
				adc	lress		
12.	Dat	te of birth:					
			day	month	year		
13.	Plac	ce of birth					
			town/city	province	country		
14.	Can	adian citizen		Permanent re	sident of Canada		
	Citi	zen of					
15.	Can	adian Social	Insurance Num	ber (SIN):			
I he	reby	signify that th	ne above inform	ation is correct.			
	Sig	nature			Date		