

## BMO Future Green Leader Undergraduate Student Award

## PART I - Personal Information

PARI I - Personal Information				
Surname:	Given Name:		Student Number:	
Program	Level		Degree Expected, Year	
Number of Courses registered in this academic y	/ear: Cumul	ative Average (at e	nd of fall/winter session):	
How many courses will you have completed towards		Are you planning to return to university next year: Yes No		
your degree program when this award is held:	If yes, y	you are planning on	continuing undergraduate gradua	te school
	Where	: Trent Unive	ersity Other	
At the time of the award, I will be a: Can	adian Citizen	Landed Immiç	grant Visa Student	
Note: International students must provide a hard	copy of their prod	of of work authorizati	ion permit	
Current Address (include street, city and postal co			o., pe	
Telephone Number: Emo		Address:		
PART II - Proposed Research Project (to be comple	ted by student)			
Title of Research Project:				
Attach an outline of proposed research project, le	earning objectives	s, and how they will	be met through BMO Future Green Leaders	
Undergraduate Student Awards Program (500 wo				
I hereby grant my permission for the Office of Res				
academic average Yes No.	, It "NO" student w	vill need to provide o	an official University transcript with this appli	cation.
I hereby acknowledge that the information above	e is accurate and	Lagree to abide by	the regulations governing this award	
Thereby deknowledge that the whentaher abov	o lo accarato aria	ragico io ablac by	The regulations governing this avvara.	
Name of Student: Signature:		e:	Date:	
PART III – Proposed Research Project (to be comple	eted by supervisor)	)		
Name of Supervisor:	<u> </u>	Department:		
Email Address:			Telephone and Extension #:	
Do you anticipate that this project will require eth	ical review: Ye	es No		
If yes, please indicate the appropriate review boo	ard(s). A	nimal Care	Research Ethics Biosafety	
I hereby certify that I will be supervising this studer			<u>*</u>	od. I
also agree to provide \$4000.00 in matching funds				
Name of Supervisor:	Signature:		Date;	
Type of Tri Council Grant:		Account Number	er:	
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