School of Kinesiology and Health Studies

DON KRESTEL MEMORIAL AWARD

Application

Description: Awarded to a KINE student in the School of Kinesiology and Health Studies who is best able to promote amongst others an appreciation of the community and the needs of individuals within it. The nominees will demonstrate by their actions and experiences, the application of their knowledge for the betterment of those around them, particularly those who are marginalized (e.g. persons who are unhoused, persons with disabilities etc.)

Eligibility: A full-time student in the KINE program. Minimum GPA of 3.0 (overall B cumulative average).

Additional Information: This is a monetary award that is noted on the student’s transcript.

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| --- |
| **NAME OF APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Yr in Program:\_\_\_\_\_\_\_** |

**TO BE COMPLETED BY APPLICANT**

**Please describe how you demonstrate the following qualities. Please provide SPECIFIC examples for the benefit of the Selection Committee.**

***COMMUNITY CONTRIBUTIONS:***

Please comment on your contributions to the Community as they relate to the award criteria:

**(Max 100 words per activity description**)

|  |  |  |  |
| --- | --- | --- | --- |
| **Time Period and Hours Completed (e.g., hours per week or total hours)** | **GROUP** | **ACTIVITIES/RESPONSIBILITIES** | **Please indicate whether this activity is Volunteer, Paid Work or for Course Credit** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

***UNIVERSITY CONTRIBUTIONS:***

Please comment on your contributions at the University as they relate to the award criteria:

(**Max 100 words per activity description**)

|  |  |  |  |
| --- | --- | --- | --- |
| **Time Period and Hours Completed (e.g., hours per week or total hours)** | **GROUP** | **ACTIVITIES/RESPONSIBILITIES** | **Please indicate whether this activity is Volunteer, Paid Work or for Course Credit** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Why are you deserving of this award? What sets you apart from others? **Max 150 words**

Other relevant comments (e.g., please provide any relevant context for assessing your level of volunteer contributions based on other time commitments). **Max 100 words**

**VERIFIER**: Please provide the contact information of someone who can verify the information on this form.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in program: \_\_\_\_\_\_\_\_

Kingston Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kingston Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Queen’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadline is Friday, March 1st. at 4:30 pm**

Please submit the following to skhs.ugassist@queensu.ca

1. Application form
2. Current resume
3. A recent headshot photograph including full name and student number
4. Applications must be completed electronically (no hard copies or handwritten forms will be accepted).
5. I give my consent to post my name and photo on Social Media

\_\_\_\_Yes \_\_\_\_No