School of Kinesiology and Health Studies

THE STEPHEN J. HOBBS MEMORIAL AWARD

Application Form

Description: Awarded to a KINE student in the School of Kinesiology and Health Studies on the basis of participation in and contribution to student activities, particularly in the areas of Intramural sports and student government.

Eligibility: Any 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.**

***UNIVERSITY CONTRIBUTIONS:***

**(Max 100 words per position/role).**

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

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Please comment on your contributions to student government: **(Max 100 words).**

***INTRAMURAL INVOLVEMENT:***

**(Max 100 words per position/role).**

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

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