Leslie Dan Faculty of Pharmacy University of Toronto

K. Wayne Hindmarsh Award of Excellence

K. Wayne Hindmarsh was the Dean of the Leslie Dan Faculty of Pharmacy from 1998 to 2009. This award was established in honour of Dr. Hindmarsh and is presented to a student who demonstrates outstanding achievement in the areas in which he excelled – leadership, academics and the advancement of the profession of pharmacy.

The K. Wayne Hindmarsh Award of Excellence will be presented to a student registered in the First, Second or Third year of the Doctor of Pharmacy program at the Leslie Dan Faculty of Pharmacy who has:

- Demonstrated leadership and an effort to advance the profession of pharmacy;
- Achieved First Class Honours in the year of application (i.e., attained an annual Grade Point Average of at least 3.50).

The recipient must be eligible for financial assistance under OTSS guidelines (i.e., the recipient must be an Ontario resident, must be a Canadian citizen or Permanent Resident, and must have received either OSAP funding or financial assistance from the Faculty in the session of application).

The award will not be given if a suitable candidate is not identified.

Approximate value of the award: \$5,000

Application Procedures

Submit the completed K. Wayne Hindmarsh Award of Excellence Application Form electronically to Brenda Thrush, Faculty Registrar, Leslie Dan Faculty of Pharmacy (e-mail brenda.thrush@utoronto.ca). Please note that hand-written applications will not be accepted.

Deadline for Submission

Monday, April 4, 2022

K. Wayne Hindmarsh Award of Excellence Application Form

To be awarded to a student registered in the First, Second or Third year of the Doctor of Pharmacy program at the Leslie Dan Faculty of Pharmacy who has demonstrated academic leadership and an effort to advance the profession of pharmacy; and has achieved First Class Honours in the year of application (i.e., attained an annual Grade Point Average of at least 3.50). The recipient must be eligible for financial assistance under OTSS guidelines (i.e., the recipient must be an Ontario resident, must be a Canadian citizen or Permanent Resident, and must have received either OSAP funding or financial assistance from the Faculty in the session of application).

Approximate value of the award: \$5,000

Deadline for submitting application: Monday, April 4, 2022

- Complete this application form detailing your leadership experience, commenting on how these activities
 made a particular contribution to your own development and to the advancement of the profession of
 Pharmacy, and on why you deserve to be considered for the K. Wayne Hindmarsh Award of Excellence.
- Submit a letter of reference in support of your application from an individual who is familiar with your contribution and involvement.

Personal Information (please complete in full)

| Name | |
|--------------------------|--|
| (as it appears in ACORN) | |
| Student Number | |
| Mailing Address | |
| U of T E-mail Address | |

Declaration

I certify that the information provided on this application is, to the best of my knowledge, true and complete, and I authorize the release of the information contained herein to the appropriate Awards Committee. I understand that any false or incomplete information will invalidate my application.

| Signature | Date |
|-----------|------|

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government. The University is also required to report student-level enrolment-related data to the Ministry of Training, Colleges and Universities as a condition of its receipt of operating grant funding. The Ministry collects this enrolment data, which includes limited personal information such as Ontario Education Numbers, student characteristics and educational outcomes, in order to administer government post-secondary funding, policies and programs, including planning, evaluation and monitoring activities. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Coordinator, Room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

Leadership Experience

| Name of Organization: |
|---|
| Description of Organization: |
| Duration of Involvement with Organization: |
| Contact Name: |
| Describe the role you played in assisting this organization, your impact on the organization and how the experience will benefit you in future. |
| |
| |
| |
| |
| |
| |
| |
| |
| Name of Organization: |
| Description of Organization: |
| Duration of Involvement with Organization: |
| Contact Name: |
| Describe the role you played in assisting this organization, your impact on the organization and how the experience will benefit you in future. |
| |
| |
| |
| |
| |
| |
| |
| |

| Name of Organization: | | |
|---|--|--|
| Description of Organizations | | |
| Description of Organization: | | |
| Duration of Involvement with Organization: | | |
| Contact Name: | | |
| Describe the role you played in assisting this organization, your impact on the organization and how the experience will benefit you in future. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Name of Organization: | | |
| Description of Organization: | | |
| Duration of Involvement with Organization: | | |
| Contact Name: | | |
| Describe the role you played in assisting this organization, your impact on the organization and how the experience will benefit you in future. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Name of Organization: | |
|---|--|
| Description of Organization: | |
| Duration of Involvement with Organization: | |
| Contact Name: | |
| Describe the role you played in assisting this organization, your impact on the organization and how the experience will benefit you in future. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Name of Organization: | |
| Description of Organization: | |
| Duration of Involvement with Organization: | |
| Contact Name: | |
| Describe the role you played in assisting this organization, your impact on the organization and how the experience will benefit you in future. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |