

SKILLS COMPETITION ATTESTATION FORM

Attestation Form

Please upload your completed form
to your UWinAward Profile/Application



University
of Windsor

Student Awards & Financial Aid

STUDENT INFORMATION (Please Print)

LAST NAME:	FIRST NAME:
UNIVERSITY OF WINDSOR STUDENT #:	ADDRESS:
CITY, PROVINCE, POSTAL CODE:	EMAIL ADDRESS:

STUDENT CONFIRMATION

I confirm that I was an active and engaged member of a skills competition team for at least one year of my secondary studies.

Event:

Event Date:

Team Name:

Team Number:

I am planning to register as a full-time student in the Fall _____ (Year) semester at the University of Windsor and would like to be considered for a Skills Competition Scholarship. I have provided confirmation below from my team mentor and I agree that you may confirm this information with them.

Student's Signature:

Date:

I confirm that the above-named student has been an active and engaged member of a skills competition team as noted above.

Team Mentor Signature:

Date:

TO BE COMPLETED BY YOUR TEAM MENTOR (Please Print)

LAST NAME:	FIRST NAME:
POSITION:	TEAM NUMBER:
PHONE NUMBER:	EMAIL ADDRESS:

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