

## JOHN A. BRYANT MEMORIAL AWARD

STUDENT'S NAME:

ID #:

DEGREE:

YEAR:

### For Departmental Use Only

UG GPA:

M.A. GPA:

Ph.D. GPA:

DEPARTMENT:

NAME(S) OF SUPERVISOR(S):

EMAIL ADDRESS:

***PLEASE NOTE:*** In submitting your candidacy for the aforementioned award/fellowship, you are giving authorization to the Faculty of Education to publish your name, information about the aforementioned award/fellowship, and information about your program, department and supervisor, on the McGill University web page(s) and/or in print materials, should you be selected as a recipient.

### Up-to-date CV

Please state how your achievements meet the requirements outlined in the award description. Be sure to clearly articulate your work in pursuing studies in the inclusion of students with developmental disabilities into school and society (unlimited number of characters)