Student Awards Office

This is to (Certify that		Date	e:	87	06	24
		_	Stu	dent ID:	162	988	uay
Name:	MICHELS, Michael 25 Flagstone Crescent	it	Stuc	Jent ID			
	ST. ALBERT, AB T8N 1R2		lmm	igration	Status: _	Perm.	Resident
		_	Birth	ndate: .	65	08	31
					year	month	day
Social Insurance Num	ber: 641 385 950						
Department (for Chec	que Distribution):	FEES					
has been awarded			Value	\$			
THE J.W. CAMPB	ELL MEMORIAL PRIZE IN	MATHEMATICS	\$200	0.00			
	d the student should write to the nam	ne below acknowledging the award	i.)				
ENDOWED - no letter required.			Trust Title (i	st Title (if applicable)			
AWARDS The above Alberta. It Comptroll Student A CASH If this was AWARDS student at	Account Number: w instructions below carefully the amount will automatically be f your tuition and fees have been therefore as soon as possion that is marked as a cash of the above address, as soon as f proper address and refer to the	put towards tuition and fees for paid then this warrant should be not your intention to retiple. Ward, a cheque will be mail the money is available. If the above	d be present rurn to the Ur ed directly f	ed to the niversity	he Fees D y of Alber e Comptre	olivision, O ta, please oller's Of	office of the e notify the
	Director of Student Awards			Payro	II Division		