

2014-2015 ONTARIO GRADUATE SCHOLARSHIP PROGRAM **Application Form**

ALL CORRESPONDENCE WITH CARLETON STUDENTS WILL BE TO YOUR CARLETON EMAIL ADDRESS

Carleton Student ID	(if applicable)				
PERSONAL INFORM	1ATION				
Last Name:					
First Name:					
Email Address					
Citizenship status:					
		t "Protected person risa and/or study permi		sident visa/si	tudy permit
CURRENT STATUS					
Are you currently reg	istered at Carleton L	Jniversity? Yes	No		
If no , what school yo	ou are currently atte	nding			_
Faculty		Program			
Level of Current Stud	ies				
Doctorate	Masters	Bachelors	Certifica	te/Diploma	/Other
PROPOSED STUDIE	S (if your proposed st	udies is the same as cur	rent, just indicate	"same" on t	the first line)
Faculty		Program			-
Proposed Level of Stu	udy for 2014-2015:	Master's year 1	Master's ye	ear 2	Doctorate
Date you expect to re studies (this date cann					



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Application Form

Student Name	Student Number	

PREVIOUS STUDIES (do not include your current studies)

Please provide information on all your previous studies. Start with your most recent studies first. Include both studies in Canada as well as outside Canada. Official transcripts must be attached to your application.

Institution	Dates of Study	Name of Program	Level of	Degree	Date Degree
	From - To		Study*	Received	was Received
			B, M, D, C	Yes or No	
				YES	
				NO	
				YES	
				NO	
				YES	
				NO	

[•] B = Bachelor's, M = Master, D = Doctoral, C = Certificate/Diploma

PREVIOUS OGS AWARDS, OTHER AWARDS AND FINANCIAL AID

One of the eligibility requirements for OGS is that you must not have exceeded the lifetime maximum of 6 years of government-funded student awards. Please indicate if you have ever been in receipt of any of the following awards:

AWARD NAME		or No	Number of years you received this award
Social Sciences and Humanities Research Council (SSHRC)	YES	NO	
Natural Sciences and Engineering Research Council (NSERC)	YES	NO	
Canadian Institutes of Health Research (CIHR)	YES	NO	
Ontario Graduate Scholarship (OGS)	YES	NO	
Queen Elizabeth II Graduate Scholarship in Science and Technology	YES	NO	
Ontario Trillium Scholarships	YES	NO	
Vanier Canada Graduate Scholarship	YES	NO	
OSAP (if yes please, provide Social Insurance Number)	YES	NO	Social Insurance Number



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	Application Form
Student I	Name Student Number
Notice, Cons	sents, Declaration and Signature of Applicant
and award o	al information provided on this application form, in the required documentation, and in all other communications related to your application of an Ontario Graduate Scholarship (OGS), including previous applications and awards of OGS, will be used by Carleton University to and finance the program.
of Information than those splease contains	reedom of Information and Protection of Privacy Act, Carleton University has responsibilities respecting the proper collection, retention, use, are of personal information. The personal information on this form is collected in accordance with Section's 38(2) and 41(1) of the Freedom on and Protection of Privacy Act (FIPPA), R.S.O. 1990, c. F.31 as amended. The information provided will not be used for any purposes other stated upon this form unless the applicant provides expressed consent. Should you have any questions concerning your personal information, act the Faculty of Graduate and Postdoctoral Affairs (512 Tory Building, 613-520-2525). Carleton University is fully compliant with FIPPA and at all times to treat your personal information in accordance with this law.
review; main program; pla managemen	ion includes: determining your eligibility for an OGS; verifying your application; verifying your OGS award; considering any requests for intaining and auditing your file; collecting overpayments and repayments; public reporting on the administration and financing of the OGS anning, delivering, evaluating and monitoring the OGS program for quality and improvements in both content and delivery; conducting risk int; error management; audit and quality assessment activities; conducting inspections or investigations; and conducting policy analysis; and research related to all aspects of the OGS program. Financing includes: planning, arranging or providing funding of the OGS program.
Applicant's	Consent to the Indirect Collection and Disclosure of Personal Information
and financin on this appli student loar	Carleton University may, without limitation, collect, use and disclose personal information about me that is relevant to the administration ag of OGS with: its authorized financial administration agents and auditors; my academic references; SSHRC; NSERC; CIHR; bodies identified ication form and other bodies, including government bodies within and outside Canada that administer scholarships for graduate study or as; the ministry's contractors, auditors and third party administrators; Ministry of Government Services and collection agencies it operates or consumer reporting agencies.
С	agree that Carleton University may, without limitation, collect, use and disclose personal information about me that is relevant to the consideration of my OGS application and its report to the Minister with respect to the granting of the OGS with: the ministry, my academic eferences and the selection panel it appoints to assess my application.
Applicant's	Declaration
• I nn a v • I for T • I • I	have given complete and true information on this application form and in the required supporting documentation. understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by the ninistry or Carleton University in respect of my eligibility for an OGS. understand that information I provide will be verified and audited and the ministry may also conduct inspections and investigations and will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit, rerification, inspection or investigation purposes. will promptly notify Carleton University in writing of any changes to the information that I have provided and of any changes to my eligibility or an OGS, including ceasing to be enrolled in an eligible program at an eligible Ontario institution; receiving a NSERC, SSHRC, CIHR, Vanier, frillium or QEIII-OGSST or becoming employed for more than an average of 10 hours per week. understand that any change to the information I provide and any change resulting from verification and audit will result in a reassessment. understand that if my application is reassessed, it may affect my eligibility and the amount of my OGS and, if required by the Minister, I will promptly repay all or part of my OGS.
s	have read and understood this section, including the notice of collection, use, and disclosure of my personal information and my ignature attests to my consent to the indirect collection, use and disclosure of my personal information and that my declaration is complete and true. I understand that any fraudulent or misleading statement may result in proceedings for academic misconduct.

If you are presently not a Carleton student do you agree to the sharing of your information for the purposes of

Date: DD/MM/YY

Signature of Applicant:

Yes """

No

recruitment?