



IMPROVE LIFE.

2021-2022
ONTARIO GRADUATE SCHOLARSHIP PROGRAM
Application Form

Personal Information

Last Name:

First Name:

U of G ID:

Date of Birth (yyyy/mm/dd):

U of G Email Address:

All correspondence regarding the status of your application will be communicated to you by email to your Guelph email address.

Citizenship Status

If you selected Permanent Resident, Protected Person, or Student Visa, please provide the date your residency status was received.

Date Residency Status Received:

Applicants are invited to indicate on a voluntary basis whether they are Indigenous Canadians.

Are you Indigenous Canadian? (Optional)

Proposed Studies for OGS Funding at U of G

Proposed Level:

Proposed Department/School:

Current/Most Recent Studies:

Current/Most Recent Institution Attended:

Current/Most Recent Department:

Current/Most Recent Program Level:

If you are not currently enrolled in an undergraduate or graduate program, please indicate the date of degree completion for your most recent degree (yyyy/mm/dd):

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Previous Studies

Starting with the most recent/current institution, please list all of the post-secondary institutions you have attended.

Previously Held Government Funded Awards

Social Sciences and Humanities Research Council (SSHRC)	CGSM CGSD/Doctoral	Total years held:
Natural Sciences and Engineering Research Council (NSERC)	PGSM/CGSM CGSD/PGSD	Total years held
Canadian Institute of Health Research (CIHR)	CGSM CGSD/Doctoral	Total years held
Ontario Graduate Scholarship (OGS)		Total years held
Queen Elizabeth II Graduate Scholarship in Science & Technology (QEII-GSST)		Total years held
Ontario Trillium Scholarship (OTS)		Total years held
Vanier Canada Graduate Scholarship		Total years held

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Research Proposal (must not exceed space provided)

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Bibliography and Citations (must not exceed space provided)

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List of Publications and Presentations (must not exceed space provided)

Use an **R** to indicate refereed work.

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List of Significant Academic Accomplishments (must not exceed space provided)

E.g., Internships, research projects, involvement in student organizations, volunteer work.

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List of Scholarships and Awards (attach additional page if needed)

Name of Scholarship, Award, Prize, etc.	Type of Award (e.g. National, Provincial, Institutional/Internal)	Year(s) Awarded	Amount (if applicable)

Special Circumstances (Optional) (must not exceed space provided)

Describe any special considerations such as health problems, family responsibilities, disabilities, pandemic-related impacts, or other circumstances that have had an effect on your performance or productivity, including delays in disseminating your research results or completing your degree.

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Name _____

U of G ID _____

Notices, consents, declaration, and signature of applicant

Collection and Disclosure of Information:

The Ministry of Colleges & Universities (MCU) has provided the University of Guelph (university) with funding to administer the Ontario Graduate Scholarships (OGS) Program and the Queen Elizabeth II Graduate Scholarship in Science and Technology (QEII-GSST). As a condition of this funding, the university is required to make reports to MCU of your contact information, the amount of funding you receive, and information related to your program of study. This personal information will be used by MCU to administer and finance the OGS/QEII-GSST Program. If you apply for the Ontario Student Assistance Program, this personal information will be used to update your OSAP application or award, including your declared income. Administration includes: public reporting on the administration and financing of the OGS/QEII-GSST Program; monitoring and auditing the university or its authorized agents to ensure that they are administering the OGS/QEII-GSST Program appropriately; conducting risk management, error management, audit and quality assessment activities; and conducting policy analysis, evaluation and research related to all aspects of student assistance. Financing includes: planning, arranging or providing funding for the OGS/QEII-GSST Program.

The Ministry administers the OGS/QEII-GSST Program under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended. If you have any questions about the collection or use of this information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges & Universities, P.O. Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

Applicant's consent to indirect collection and disclosure of personal information

- I agree that the University may, without limitation, collect, use and disclose personal information about me that is relevant to the administration and financing of OGS/QEII-GSST with: its authorized financial administration agents and auditors; my academic references; SSHRC; NSERC; CIHR; bodies identified on this application form and other bodies, including government bodies within and outside Canada that administer scholarships for graduate study or student loans; the Ministry's contractors, auditors and third party administrators; Ministry of Government Services and collection agencies it operates or retains; and consumer reporting agencies.
- I agree that the 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/QEII-GSST with: the Ministry, my academic references and the selection panel it appoints to assess my application.

Applicant's Declaration

- I have given complete and true information on this application form and in the required supporting documentation.
- I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by the Ministry or my eligible Ontario institution in respect of my eligibility for an OGS or QEII-GSST.
- I understand that information I provide will be verified and audited and the Ministry may also conduct inspections and investigations.
- I 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, verification, inspection or investigation purposes.
- I will promptly notify the University in writing of any changes to the information that I have provided and of any changes to my eligibility for an OGS/QEII-GSST, including ceasing to be enrolled in an eligible program at an eligible Ontario institution; receiving an NSERC, SSHRC, CIHR, Vanier, Trillium.
- I understand that any change to the information I provide and any change resulting from verification and audit will result in a reassessment.
- I understand that if my application is reassessed, it may affect my eligibility and the amount of my OGS/QEII-GSST and, if required I will promptly repay all or part of my OGS/QEII-GSST.

Student Signature _____

Date _____

Protection of Privacy: We are committed to protecting your privacy. Personal information is collected under the authority of the University of Guelph Act and pursuant to the *Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have questions about the use and disclosure of your personal information, call the Office of Graduate Studies at (519) 824-4120 ext. 56833 or visit the [Office of Graduate & Postdoctoral Studies website](#). For further information about access to information and protection of privacy at the University of Guelph, visit the [University Secretariat website](#).



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Application Checklist

Last Name_____

First Name_____

U of G ID_____

Proposed Level of Study_____

Citizenship Status_____

Declaration of Canadian Indigenous Status?_____

Graduate Program Assistant Name_____

Your [Graduate Program Assistant](#) must receive all components of your award application via e-mail by the due date (11:59 p.m. EST on February 1, 2021).

Check	Complete Application Package
	OGS Application Checklist complete
	OGS Application Form (pages 1-8) complete and, if not a current Guelph student, complete application for admission to a Guelph graduate program submitted
	Academic Assessment Report 1: Name of Referee_____ Email Address of Referee_____
	Academic Assessment Report 2: Name of Referee_____ Email Address of Referee_____

Student Signature_____ Date_____

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