

2025-2026 ONTARIO GRADUATE SCHOLARSHIP PROGRAM

IMPROVE LIFE.

Application Checklist

	al Information	
Last Nar	me:	First Name:
U of G II	D:	Proposed Level of Study:
Citizens	hip Status:	
Declarat	tion of Canadian Indigenous Status?	
Graduat	e Program Assistant Name:	
	aduate Program Assistant must receive ue date (11:59 p.m. EST on January 3	e all components of your award application via e-mail 1, 2025).
Check	Complete Application Package	
	OGS Application Checklist complete	
	OGS Application Form (pages 1-8) co application for admission to a Guelph of	mplete and, if not a current Guelph student, complete graduate program submitted
		·
	application for admission to a Guelph of Academic Assessment Report 1:	·
	application for admission to a Guelph g Academic Assessment Report 1: Name of Referee:	graduate program submitted
	application for admission to a Guelph g Academic Assessment Report 1: Name of Referee:	graduate program submitted
	application for admission to a Guelph g Academic Assessment Report 1: Name of Referee: Email Address of Referee: Academic Assessment Report 2:	graduate program submitted

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 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 applicat	ion 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 wh	nether they are Indigenous Canadians.
Are you Indigenous Canadian? (Optional):	<u> </u>
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 undergradua	ate or graduate program, please indicate the date of degree
completion for your most recent degree (vvvv/mm	'/dd).

Last Name:	U of G ID:

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	CGSM	Total years held:
Research Council (SSHRC)	CGSD/Doctoral	
Natural Sciences and Engineering	PGSM/CGSM	Total years held
Research Council (NSERC)	CGSD/PGSD	Total years neid
Canadian Institute of Health Research	CGSM	Total years held
(CIHR)	CGSD/Doctoral	
Ontario Graduate Scholarship (OGS)		Total years held
Citatio Citatauto Concinioni, p (C CC)		
Queen Elizabeth II Graduate		Total years held
Scholarship in Science & Technology		Total years neld
(QEII-GSST)		
Ontario Trillium Scholarship (OTS)		Total years held
Citatio Timum Scholarship (015)		
Vanier Canada Graduate Scholarship		Total years held

2025-2026 Ontario Graduate Scholarship Application Last Name: _____ U of G ID: ______

Research Proposal/Plan of Study/Statement of Interest (must not exceed space provided)

2025-2026 Ontario Graduate Scholarship Application Last Name: U of G ID:

Bibliography and Citations (must not exceed space provided)

Last Name:	U of G ID:

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

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

Last Name:	 U of G ID:	

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

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

Last Name: _____

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

U of G ID:

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.

Last 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:	
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