



Dominican University College Student ID (if applicable) _____

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Permanent Canadian Mailing Address:

Street name and number, rural route, or post office box: _____ Apartment: _____

City, Town or Post office: _____ Province: _____

Postal Code: _____ Area code and telephone number: _____

Email Address

Citizenship status:

Canadian Citizen Permanent Resident Protected person Temporary Resident visa/study permit

Please provide a copy of your valid student visa and/or study permit

Sharing Your Information

If you wish to have your information released Dominican University College to anyone other than yourself, (ie., your parents or spouse), you must complete this section. This consent is valid during the 20__-20__ academic year only.

Last Name First Name Date of Birth:

Last Name First Name Date of Birth:



Student Name _____ Student Number _____

CURRENT STATUS

Are you currently registered at Dominican University College?

Yes No

If no, what school you are currently attending _____

Faculty _____ Program _____

Level of Current Studies

Doctorate Masters Bachelors Certificate/Diploma/Other

PROPOSED STUDIES

Faculty _____ Program _____

Proposed Level of Study for 20__-20__: Master's year 1 Master's year 2 Doctorate

Date you expect to receive your degree for your proposed studies: _____

Date you expect to begin your proposed studies: May 20__ September 20__ January 20__



Student Name _____ Student number _____

PREVIOUS 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.

Have you previously attended a postsecondary school? Yes No If 'Yes', please complete

Study Period

Name of postsecondary institution: _____

Time period your attended school (MM/YY) _____ / _____ to (MM/YY) _____ / _____

Program Name: _____

Level of Study: Bachelor Master Doctorate Certificate/Diploma/Other

Did you receive a degree? Yes No If 'Yes', date your received the degree (MM/YY) _____ / _____

Study Period

Name of postsecondary institution: _____

Time period your attended school (MM/YY) _____ / _____ to (MM/YY) _____ / _____

Program Name: _____

Level of Study: Bachelor Master Doctorate Certificate/Diploma/Other

Did you receive a degree? Yes No If 'Yes', date your received the degree (MM/YY) _____ / _____

Study Period

Name of postsecondary institution: _____

Time period your attended school (MM/YY) _____ / _____ to (MM/YY) _____ / _____

Program Name: _____

Level of Study: Bachelor Master Doctorate Certificate/Diploma/Other

Did you receive a degree? Yes No If 'Yes', date your received the degree (MM/YY) _____ / _____



Student Name _____ Student Number _____

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:

Social Sciences and Humanities Research Council of Canada (SSHRC) Yes > Number of years you received this award _
No

Natural Sciences and Engineering Research Council (NSERC) Yes > Number of years you received this award _
No

Canadian Institute of Health Research (CIHR) Yes > Number of years you received this award _
No

Ontario Graduate Scholarship (OGS) Yes > Number of years you received this award _
No

Queen Elizabeth II Graduate Scholarship In Science and Technology Yes > Number of years you received this award _
No

Ontario Trillium Scholarships Yes > Number of years you received this award _
No

Vanier Canada Graduate Scholarship Yes > Number of years you received this award _
No

Federal/ Provincial Financial Aid (eg. OSAP) Yes No



Student Name _____ Student Number _____

Notice, Consents, Declaration and Signature of Applicant

Your personal information provided on this application form, in the required documentation, and in all other communications related to your application and award of an Ontario Graduate Scholarship (OGS), including previous applications and awards of OGS, will be used by Dominican University College to administer and finance the program.

Under the Freedom of Information and Protection of Privacy Act, Dominican University College has responsibilities respecting the proper collection, retention, use, and disclosure of personal information. The personal information on this form is collected in accordance with Section's 38(2) and 41(1) of the Freedom of Information 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 than those stated upon this form unless the applicant provides expressed consent. Should you have any questions concerning your personal information, please contact the Faculty of Graduate and Postdoctoral Affairs (96 Empress Avenue, 613-233-5696). Dominican University College is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

Administration includes: determining your eligibility for an OGS; verifying your application; verifying your OGS award; considering any requests for review; maintaining and auditing your file; collecting overpayments and repayments; public reporting on the administration and financing of the OGS program; planning, delivering, evaluating and monitoring the OGS program for quality and improvements in both content and delivery; conducting risk management; error management; audit and quality assessment activities; conducting inspections or investigations; and conducting policy analysis; evaluation, 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

I agree that Dominican University College may, without limitation, collect, use and disclose personal information about me that is relevant to the administration and financing of OGS 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 Dominican University College can, 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 references and the selection panel it appoints to assess my application.



Student Name _____ Student Number _____

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 Dominican University College in respect of my eligibility for an OGS.
- 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 Dominican University College in writing of any changes to the information that I have provided and of any changes to my eligibility for an OGS, including ceasing to be enrolled in an eligible program at an eligible Ontario institution; receiving a NSERC, SSHRC, CIHR, Vanier, Trillium or QEII-OGSST or becoming employed for more than an average of 10 hours per week.
- 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 and, if required by the Ministry, I will promptly repay all or part of my OGS.

I have read and understood this section, including the notice of collection, use, and disclosure of my personal information and my signature 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.

Signature of Applicant:

Date: DD/MM/YY _____

If you are presently not a Dominican University College Student do you agree to the sharing of your information for the purpose of Recruitment? Yes No