

Ontario Graduate Scholarship Application Form 2024-2025

ALL CORRESPONDENCE WITH CARLETON STUDENTS WILL BE TO YOUR CARLETON EMAIL ADDRESS Carleton Student ID (if applicable) PERSONAL INFORMATION Last Name: First Name: **Email Address** Citizenship status: Canadian Citizen Permanent Resident Protected person Temporary Resident visa/study permit Please provide a copy of your permanent resident status, valid student visa and/or study permit **CURRENT STATUS** Are you currently registered at Carleton University? Yes No If no, what school are you currently attending? Program of Study: **Level of Current Studies** Doctorate Bachelors Certificate/Diploma/Other Masters PROPOSED STUDIES (if your proposed studies is the same as current, just indicate "same" in Program) Program of Study: Proposed Level of Study for 2024-2025: Master **Doctorate** Current Students: Last term of registration in your official program time to completion (refer to your audit). Cannot be prior to Fall 2024

New Students: Date you expect to receive your degree for your proposed studies. (Cannot be prior to December 31, 2024)



Ontario Graduate Scholarship Application Form

Student Name _	Student ID (If Applicable)

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. Applicants must provide up-to-date official transcripts of all undergraduate and graduate studies, including transcripts for the fall semester of the year of 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	
				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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Student Name	Student ID (If Applicable)
Notice, Consents, Declaration and Signature of A	pplicant
	ation form, in the required documentation, and in all other communications related to your application GS), including previous applications and awards of OGS, will be used by Carleton University to
and disclosure of personal information. The person of Information and Protection of Privacy Act (FIPP than those stated upon this form unless the applied that the protection of Privacy Act (FIPP than those stated upon this form unless the applied to the protection of Privacy Act (FIPP than those stated upon this form unless the applied to the protection of Privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon this form unless the applied to the privacy Act (FIPP than those stated upon the privacy Act (FIPP than those s	n of Privacy Act, Carleton University has responsibilities respecting the proper collection, retention, use, conal information on this form is collected in accordance with Section's 38(2) and 41(1) of the Freedom (A), R.S.O. 1990, c. F.31 as amended. The information provided will not be used for any purposes other cant provides expressed consent. Should you have any questions concerning your personal information, octoral Affairs (512 Tory Building, 613-520-2525). Carleton University is fully compliant with FIPPA and formation in accordance with this law.
review; maintaining and auditing your file; collect program; planning, delivering, evaluating and mon management; error management; audit and quali	ity for an OGS; verifying your application; verifying your OGS award; considering any requests for ing overpayments and repayments; public reporting on the administration and financing of the OGS nitoring the OGS program for quality and improvements in both content and delivery; conducting risk ty assessment activities; conducting inspections or investigations; and conducting policy analysis; the OGS program. Financing includes: planning, arranging or providing funding of the OGS program.
Applicant's Consent to the Indirect Collection and	d Disclosure of Personal Information
and financing of OGS with: its authorized financia on this application form and other bodies, including	tation, collect, use and disclose personal information about me that is relevant to the administration administration agents and auditors; my academic references; SSHRC; NSERC; CIHR; bodies identified ang government bodies within and outside Canada that administer scholarships for graduate study or and third party administrators; Ministry of Government Services and collection agencies it operates or
_	vithout limitation, collect, use and disclose personal information about me that is relevant to the nd its report to the Minister with respect to the granting of the OGS with: the ministry, my academic ppoints to assess my application.
Applicant's Declaration	
 I understand that I am responsible for ministry or Carleton University in responsible I understand that information I provide 	e will be verified and audited and the ministry may also conduct inspections and investigations and will keep ed supporting documentation in the event that I am required to produce this information for audit,
for an OGS, including ceasing to be enr	ty in writing of any changes to the information that I have provided and of any changes to my eligibility olled in an eligible program at an eligible Ontario institution; receiving a NSERC, SSHRC, CIHR, Vanier, and for more than an average of 10 hours per week.
· -	formation I provide and any change resulting from verification and audit will result in a reassessment. eassessed, it may affect my eligibility and the amount of my OGS and, if required by the Minister, I will
signature attests to my consent to the	on, including the notice of collection, use, and disclosure of my personal information and my indirect collection, use and disclosure of my personal information and that my declaration is 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 Carleton student do you agree to the sharing of your information for the purposes of

Yes """

No

recruitment?