Lakehead UNIVERSITY

2018-2019
ONTARIO GRADUATE SCHOLARSHIP PROGRAM
Application Form

ALL CORRESPONDENCE WITH LAKEHEAD STUDENTS WILL BE THROUGH YOUR LAKEHEAD EMAIL ADDRESS

Lakehead Student ID # (if applicable): _____

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Email Address: _____
(If you are a Lakehead University student, please indicate your Lakehead email)

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: _____

Citizenship status:

___ Canadian Citizen
___ Permanent Resident
___ Visa/Study Permit

Please provide a copy of your valid student visa and/or study permit (if applicable)

___ Aboriginal Student (A student who self-identifies as a First Nations, Métis or Inuit person of Canada)

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Student Name: _____ Student Number: _____

CURRENT STATUS

Are you currently registered at Lakehead University?

___ 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 2018-19: ___ Master's year 1 ___ Master's year 2

Doctorate Year ___

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

Date you expect to begin your proposed studies: ___ May 2018 ___ September 2018 ___ January 2019

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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 of Canada.

Study Period

Name of postsecondary institution: _____

Time period you attended school: Month _____ Year _____ to Month _____ Year _____

Program Name: _____

Level of Study: ___ Bachelor's ___ Master's ___ Doctorate ___ Certificate/Diploma/Other

Did you receive a degree? ___ Yes ___ No If *Yes*, date you received the degree Month _____ Year _____

Study Period

Name of postsecondary institution: _____

Time period you attended school: Month _____ Year _____ to Month _____ Year _____

Program Name: _____

Level of Study: ___ Bachelor's ___ Master's ___ Doctorate ___ Certificate/Diploma/Other

Did you receive a degree? ___ Yes ___ No If *Yes*, date you received the degree Month _____ Year _____

Study Period

Name of postsecondary institution: _____

Time period you attended school: Month _____ Year _____ to Month _____ Year _____

Program Name: _____

Level of Study: ___ Bachelor's ___ Master's ___ Doctorate ___ Certificate/Diploma/Other

Did you receive a degree? ___ Yes ___ No If *Yes*, date you received the degree Month _____ Year _____

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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 as well as the duration:

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 (e.g. OSAP) ___ Yes ___ No