



**Queen Elizabeth II
Graduate Scholarships in Science
and Technology Program**

PERSONAL DATA

TYPE OR PRINT IN DARK INK.
ATTACH A SEPARATE SHEET
IF ADDITIONAL SPACE IS
REQUIRED

01 Social Insurance Number
| | | - | | | - | | |

02 Last name
| | | | | | | | | | | | | | | | | | | | | |

03 First name and middle initial
| | | | | | | | | | | | | | | | | | | | | |

If married, previous last name
| | | | | | | | | | | | | | | | | | | | | |

Permanent mailing address
(University department address is not acceptable.)

04 Number and street
| | | | | | | | | | | | | | | | | | | | | |

05 City, town, or post office
| | | | | | | | | | | | | | | | | | | | | |

06 Apartment 07 Province 08 Postal code
| | | | | | | | | | | | | | - | | | | |

09 Country Area code and telephone number
| | | | | | | | - | | | | - | | | | | | |

10 Date of birth 11 Gender
Day Month Year 1. Male 2. Female
| | | | | 1. Male 2. Female

12 First language
 1. English 2. French 3. Other

13 In which language do you prefer to receive correspondence?
 1. English 2. French

EDUCATION

Proposed studies for the 20 _____ academic year

14 Discipline name/Academic unit/Department
| | | | | | | | | | | | | | | | | | | | | |

15 Proposed level of study
1. Master's _____ 2. Doctorate _____
 year year

16 Date you expect to receive your degree for proposed studies
| | | | |
Month Year

Current studies

University
| | | | | | | | | | | | | | | | | | | | | |

17 Discipline name/Academic unit/Department
| | | | | | | | | | | | | | | | | | | | | |

18 Current level of study
 1. Bachelor's 2. Master's 3. Doctorate

19 Date you expect to receive your degree for current studies
| | | | |
Month Year

Previous studies

University
| | | | | | | | | | | | | | | | | | | | | |

Discipline name/Academic unit/Department
| | | | | | | | | | | | | | | | | | | | | |

Degree received
 1. Bachelor's 2. Master's 3. Doctorate

Date degree received
| | | | |
Month Year

Previous studies

University
| | | | | | | | | | | | | | | | | | | | | |

Discipline name/Academic unit/Department
| | | | | | | | | | | | | | | | | | | | | |

Degree received
 1. Bachelor's 2. Master's 3. Doctorate

Date degree received
| | | | |
Month Year

TRANSCRIPTS

Please provide a copy of all post-secondary transcripts. Photocopies are acceptable.

SCHOLARSHIPS

List all past and present internal and external post-secondary scholarships held. List the most recent first. Attach a separate sheet if additional space is required.

Award
| | | | | | | | | | | | | | | | | | | | | |

Duration of the award Total value
Month Year Month Year \$ | | | | | | | | | |

Award
| | | | | | | | | | | | | | | | | | | | | |

Duration of the award Total value
Month Year Month Year \$ | | | | | | | | | |

Award
| | | | | | | | | | | | | | | | | | | | | |

Duration of the award Total value
Month Year Month Year \$ | | | | | | | | | |

PUBLICATIONS

Append a list of publications

OTHER FINANCIAL SUPPORT

List any actual or future sources of financial support other than those listed above. For example, paid leave or sabbatical from permanent employment. Attach a separate sheet if additional space is required.

Source of funding
| | | | | | | | | | | | | | | | | | | | | |

Duration of funding Total value
Month Year Month Year \$ | | | | | | | | | |

Source of funding
| | | | | | | | | | | | | | | | | | | | | |

Duration of funding Total value
Month Year Month Year \$ | | | | | | | | | |

REFERENCES

Name of professor
| | | | | | | | | | | | | | | | | | | | | |

University
| | | | | | | | | | | | | | | | | | | | | |

Name of professor
| | | | | | | | | | | | | | | | | | | | | |

University
| | | | | | | | | | | | | | | | | | | | | |

DECLARATION

The ministry uses relevant personal information to administer the Queen Elizabeth II graduate scholarships in science and technology Program for the purposes of determining eligibility, verifying the application and any award, and collecting overpayments. The personal information may be disclosed to any educational institution, the federal government, and ministries of the Ontario government for the purpose of verifying the application and any award. The ministry collects and uses this information under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c. M.19, and Regulation 773. If you have any questions about the collection and use of this information, contact the Director, Student Support Branch, Ministry of Education and Training, PO Box 4500, Thunder Bay ON P7B 6G9; telephone: (807) 343-7257.

I hereby declare that all information given on this application is true and complete in every respect. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason.

Signature Date
| | | | | | | | | | | | | | | | | | | | | |