



PART 1
Application for an
Ontario Graduate Scholarship in Science and Technology (OGSST) at Western
Funded in part by the Ministry of Training, Colleges, and Universities and also by Matching Funds Donated to Western

COVER PAGE

Family Name	Given name	Western Student Number
CONTACT INFORMATION		
Current Address	Permanent Mailing Address (if different than current address) *	
Current Telephone Number	* Telephone Number at permanent mailing address	
Facsimile Number	E-Mail Address	
CITIZENSHIP		GENDER (Optional)
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent resident of Canada * * Landed Date: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
SIGNATURE		
I have read and am familiar with all of the information that has been provided about this award. As an applicant, and if I am a recipient, I will abide by all the procedures, policies and conditions specified by the Ministry and The University of Western Ontario for the Ontario Graduate Scholarships in Science and Technology Program at Western. I understand that it is my responsibility to ensure that my application is accurately completed and submitted with all requested supporting documentation by the submission deadline date of my graduate program.		
_____ Applicant's Signature		_____ Date



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Family Name	Given name	Western Student Number
Proposed Degree Program	Proposed Field of Study/Research	Research Code (see OGSST Code Table)
Title of Proposed Research		
Full name and title of Supervisor		
List ten (10) key words that describe your research. Use commas to separate them.		
<p>Please indicate to which of the following agencies you have submitted a scholarship application since May 1, 2007.</p> <p> <input type="checkbox"/> NSERC <input type="checkbox"/> CIHR <input type="checkbox"/> OGS <input type="checkbox"/> Other _____ </p> <p> <input type="checkbox"/> NONE (Please provide a brief explanation below) </p>		
<p>Indicate the total number of months of graduate studies (Master's and Doctoral) you will have completed as of April 30, 2008.</p> <p style="text-align: center;"> _____ Months of full-study _____ Months of part-time studies </p>		
<p>Indicate the number of months of studies you will have completed as of April 30, 2008 in the program for which you are requesting funding.</p> <p style="text-align: center;"> _____ Months of full-study _____ Months of part-time studies </p>		
<p>Number of terms of funding you are requesting and your proposed start date of award. (check one only)</p> <p> <input type="checkbox"/> 3-term Award with a May 1, 2008 Start Date <input type="checkbox"/> 2-term Award with a May 1, 2008 Start Date <input type="checkbox"/> 2-term Award with a Sept 1, 2008 Start Date </p>		