



THE UNIVERSITY OF
WINNIPEG

Faculty of
Graduate Studies

The University of Winnipeg Graduate Studies Scholarships Application Form

Deadline to Submit to Graduate Studies: March 15th (Or next business day)

Last Name		First Name		Initial of all given names	
ADDRESSES					
Current address (street name & number/City/Province/Postal Code)			Permanent mailing address (if different than current address) (street name & number/City/Province/Postal Code)		
If current address is temporary, indicate leaving date			Telephone number at permanent mailing address		
Telephone number		Alternate phone number		E-mail address	
U of W student #		Department		Year in Program <i>1st year 2nd year Continuing</i>	
CITIZENSHIP					
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Canadian Citizen		Permanent Resident of Canada		Visa Student	
Undergraduate GPA (in approx. last 60 credit hours of study):		Graduate GPA (if applicable):		Please note the recommended GPA for the last 60 credit hours of study is 3.75. Please be advised that the University of Winnipeg uses a 4.5 GPA Scale.	
SIGNATURE					
Signature*				Date	
APPLICATION CHECKLIST					
<input type="checkbox"/> Completed Application Form		<input type="checkbox"/> Referee Information			
<input type="checkbox"/> Transcripts/Marks Statement		<input type="checkbox"/> Academic & Community Engagement Curriculum Vitae			

****If you do not have an electronic signature, typing your name in the signature box will suffice.***

Community Engagement

*Provide information about your work experience, community involvement, and other extracurricular activities.
(500 Words Max.)*

**PLAN OF STUDY OR
RESEARCH PROPOSAL**

Provide information about your research or plan of study, why you've chosen your program, how it intersects with your interests/experience, and the position of your research within the context of current knowledge in the field. (500 Words Max.)

Referee 1 <i>Please provide contact information regarding your proposed referees for your scholarship application.</i>	
Name	
Institution/Organization	
Email	
Phone Number	

Referee 2 <i>Please provide contact information regarding your proposed referees for your scholarship application</i>	
Name	
Institution/Organization	
Email	
Phone Number	