



The University of Winnipeg Manitoba Graduate Scholarships for Master's Students Application Form

Student to Graduate Program Chair Deadline: March 1 (or next business day)
Graduate Program Chair to Graduate Studies Office: March 15 (or next business day)

PART I

Applicant's 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 #		U of W Graduate Program	
CITIZENSHIP			
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent Resident of Canada	
<input type="checkbox"/> Visa Student			
SIGNATURE			
I hereby agree that any award made to me as a result of this application will be subject to the general conditions governing the MGS. These conditions are outlined in the regulations attached to this application form, as well as the regulations outlined in the University of Winnipeg Manitoba Graduate Scholarship Regulations & Instructions Guide , available on the Faculty of Graduate Studies website.			
I hereby certify that I have read and understood the instructions and information sheet attached to this application form and that all statements made in connection with this application are true and complete.			
I authorize the University of Winnipeg to verify any information, transcripts, or reference letters provided as part of this application.			
I understand that my application will be rejected if I have not disclosed my complete academic record or have submitted false information in support of my application to the Office of the Dean of Graduate Studies. In such an event, I understand that future applications from me will not be considered.			
Date		Signature of Applicant*: <small>*For those without an electronic signature, you may sign the document by typing your name.</small>	
This personal information is being collected under the authority of The University of Winnipeg Act and will be solely used for the purpose of assessing your application for the MGS competition. This information is protected by the Protection of Privacy provisions of Manitoba's Freedom of Information and Protection of Privacy Act.			

Applicant's Last Name	First Name
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ACADEMIC BACKGROUND (Current and past degree programs including programs in progress)

Degree	Name of discipline	Department, Institution and country	Month and year started	Month and year awarded/expected	Status (PT/FT)
Bachelor's					
Master's					
Doctorate					
Other					

ACADEMIC, RESEARCH, CREATIVE WORKS AND OTHER RELEVANT WORK EXPERIENCE

Position held and nature of work (begin with current)	Organization and Department	Supervisor	Period (mm/yyyy – mm/yyyy)

Last Name of Applicant	First Name
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AWARDS & SCHOLARSHIPS RECEIVED

(Indicate whether they are national, provincial, or institutional)

Award & Value	Institution	Period (mm/yyyy – mm/yyyy)

Last Name of Applicant	First Name
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AWARDS APPLIED FOR

(Please note that in order to be considered for the MGS eligible students are expected to apply to NSERC, SSHRC, or CIHR)

Award	Year applied for

(If you have not applied to NSERC, SSHRC, or CIHR, please use the space below to indicate a reason why).

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Last Name of Applicant	First Name
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PUBLICATIONS (List papers published in refereed journals, books, and proceedings beginning with the most recent.)

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PUBLICATIONS (Please include any additional publications in the space below if necessary)

Last Name of Applicant	First Name	
At the time of application I am: Attending Part-Time <input type="checkbox"/> Attending Full-Time <input type="checkbox"/> Not Currently Attending <input type="checkbox"/>		
Proposed Department		
Proposed Advisor		
PROPOSED RESEARCH OR THESIS IN PROGRESS		
Degree	Supervisor (if applicable)	Date by which degree requirements will be completed (if applicable)
Title of thesis or Topic of research		
<p>Please provide a brief statement of your proposed academic research and objectives (both short term and long term), and expected area of study. This statement must be authored and written by the applicant. Your statement must be understandable to someone outside of your field. Use plain language and do not reproduce an abstract of the thesis/research provided to your program.</p>		

PROPOSED RESEARCH OR THESIS IN PROGRESS

(Please include any additional information in the space below if necessary)

Empty space for providing details on proposed research or thesis in progress.

Last Name of Applicant	First Name
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REFEREE

Provide information on one referee who will complete Part II of the application and will submit a Letter of Support.

Last Name	First Name
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Position	Department/Division
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Institution

Telephone Number	Alternate Phone Number	E-mail address
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UNIVERSITY TRANSCRIPTS

List all university transcripts appended to this application. You must include all undergraduate and graduate transcripts. **Only official transcripts** and certified true copies are acceptable. These documents must be sealed upon receipt at the program level.

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Please use the transcript(s) from my application for admissions, which are identical to the transcript(s) that I would have included in this application

Once Part I is complete, forward this document to your referee to complete Part II.

Be sure to include the Program Chair/Coordinator's email address.

PART II – TO BE COMPLETED BY REFEREE

This report is CONFIDENTIAL and must be completed by the student's proposed advisor or a faculty member from any academic institution with special knowledge of the student. Report must be forwarded the graduate program chair/ coordinator, along with the letter of support on departmental letterhead, from an institutional email account by March 1.

For further instructions on how to complete this form, visit www.uwinnipeg.ca/grad-studies/funding and consult the University of Winnipeg Manitoba Graduate Scholarship link or contact gradstudies@uwinnipeg.ca (please allow up to 48 hours for a response).

Last Name of Applicant	First Name
<p>THIS REPORT CONSISTS OF THREE PARTS AND ALL PARTS MUST BE COMPLETED: The information provided on this form is most important to the MGS Selection Committee in evaluating the suitability of the candidate for receiving the MGS. You are therefore asked to give detailed information (both pros and cons) about the candidate.</p> <p>(2.1) How long have you known this student and in what capacity? (professor, supervisor, committee member, etc.) (2.2) Check the boxes that most nearly represent your opinion of the candidate in comparison with a representative group of individuals you have known who have had approximately the same training and experience. (2.3) The letter of support should be typed in black ink, as the material must be duplicated for the peer review process. Please note evaluation criteria provided in the University of Winnipeg Manitoba Graduate Scholarship Regulations & Instructions Guide, available on the Faculty of Graduate Studies website.</p>	
<p>2.1 I have known this applicant for _____ (#) years in the capacity as his/her _____ (professor, advisor, committee etc.) On the basis of my experience with _____ (#) students at a similar level over _____ years, I would give this student the following rating:</p>	

2.2 RATING FORM (Note: Ratings should be consistent with information contained within the body of the application form – including the marks on the transcripts/student record)								
	EXCEPTIONAL		EXCELLENT		VERY GOOD	GOOD	ACCEPTABLE	UNABLE TO JUDGE
	Upper 2%	Upper 10%	Upper 15%	Upper 20%	Upper 33%	Upper 50%	Lower 50%	
Academic Preparation								
Demonstrated scholarly ability								
Demonstrated Research ability								
Student's Research Proposal								
Communication Skills (written)								
Communication Skills (oral)								
Industriousness/ Motivation								
Creativity								
Originality								
Judgment								

2.3 LETTER OF SUPPORT (Letter should comment on the a) academic excellence and b) research ability or potential of the applicant. Please see criteria provided in the University of Winnipeg Manitoba Graduate Scholarship Regulations & Instructions Guide, available on the Faculty of Graduate Studies website.	
Name of Respondent	Institution
Position	Signature*: <small>*For those without an electronic signature, you may sign the document by typing your name.</small>

PART III – TO BE COMPLETED BY GRADUATE PROGRAM CHAIR/COORDINATOR

This report is **CONFIDENTIAL**.

NOTE: THE AWARDS COMMITTEE GIVES CONSIDERABLE WEIGHTING TO THIS SECTION. PLEASE ENSURE THAT THIS SECTION IS COMPLETED WITH CARE AND THAT ANY DISCREPANCIES BETWEEN THE ACADEMIC RECORD AND THE REST OF THE APPLICATION IS ADDRESSED HERE.

TO BE COMPLETED BY THE GRADUATE COORDINATOR/CHAIR OF THE PROGRAM		
Last Name of Applicant	First Name	
Among the _____ students from this program who are recommended, this student ranks _____		
This student will be in the _____ year of the _____ Master's program as of September 1 and is expected to complete all degree requirements by _____.		
Provide evidence of the quality and merit of the student and how the student rates in comparison to his/her peers and provide information that is not available in the application form. Please use the criteria provided in the University of Winnipeg Manitoba Graduate Scholarship Regulations & Instructions Guide , available on the Faculty of Graduate Studies website.		
Please do not recommend candidates whose GPA for the last 60 credit hours of study is below 3.75. NOT RECOMMENDED applicants will not be considered by the Awards Committee	Undergraduate GPA (approx. last 60 credit hours):	Graduate GPA (if applicable):
Please check off: The candidate is RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED <input type="checkbox"/>		
Name of Coordinator/Chair	Department	
Signature* <small>*For those without an electronic signature, you may sign the document by typing your name.</small>	Date	
Include the Manitoba Graduate Scholarship Program Chair/Coordinator Application Checklist.		

If there are any additional documents or information, please attach them or fill in the space provided below



THE UNIVERSITY OF
WINNIPEG

Faculty of
Graduate Studies

Manitoba Graduate Scholarship Program Chair/Coordinator Application Checklist

Family Name	Given Name(s)	Student #	Graduate Program
Application Checklist			Included
1. Completed and signed copy of the application form with all parts identified with your name			
2. <u>One</u> letter of support			
3. Part II- Referee comments			
4. Part III - Departmental comments			
5. All undergraduate level transcripts (official academic transcripts)			
6. All graduate level transcripts (official academic transcripts)			
7. Application Checklist			
Assessment Criteria			
Year of Study:	Undergraduate GPA (approx. last 60 credit hours):	Graduate GPA (if applicable):	Ranking: _____ out of _____ applications