

<b>Section 1: Applicant Information</b>			
Last name:		First name:	
Phone:		Email Address:	
<b>Section 2: Immigration Status</b>			
Canadian citizen Please provide your Social Insurance Number (SIN #)		Permanent Resident	
Canadian Indigenous Student (status/non-status First Nations, Métis, Inuit)			
<b>Section 3: Current/Most Recent Studies</b>			
Current/Most Recent Institution:			
Current/Most Recent Program Level:		Bachelor	Masters
Current/Most Recent Program:			
<b>Section 4: Proposed Program of Study at Dominican University College</b>			
Proposed Level:		Masters (Year 1)	Masters (Year 2)      Ph.D.
Proposed Faculty:		Proposed Program:	
<b>Section 5: Previous Studies – Please provide information on all your previous education. Start with your most recent degrees first. Include degrees obtained in Canada and abroad. Provide all official transcripts.</b>			
	Name of postsecondary institution	Time period you attended	Level of study and major
1.			
2.			
3.			
4.			
5.			
6.			
<b>Section 6: Referee(s)</b>			
Name and Institution of First Referee:			
Name and Institution of Second Referee:			
<b>Languages spoken/written:</b>			

**Section 7: List of Scholarships, Awards & Academic Accomplishments**

Last name:

First Name:

Name of Award	Source	Year Awarded	Duration (Months)	Value

**Section 8: Notice, Consents, Declaration and Signature Page**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Your personal information provided on this application form, in the required documentation, and in all other communications related to your application and award of Scholarship Program will be used by Dominican University College to administer and finance the program.

Under the Freedom of Information and Protection of Privacy Act, Dominican University College has responsibilities respecting the proper collection, retention, use, and disclosure of personal information. The personal information on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c. F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides expressed consent. Should you have any questions concerning your personal information, please contact the Office of the Registrar (96 Empress Avenue, 613-233-5696). Dominican University College is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.

Administration includes: determining your eligibility for a Scholarship Program; verifying your application; considering any requests for review; maintaining and auditing your file; collecting overpayments and repayments; public reporting on the administration and financing of the Scholarship Program; planning, delivering, evaluating and monitoring the Scholarship Program for quality and improvements in both content and delivery; conducting risk management; error management; audit and quality assessment activities; conducting inspections or investigations; and conducting policy analysis; evaluation, and research related to all aspects of the Scholarship Program. Financing includes: planning, arranging or providing funding of the Scholarship Program.

**Applicant's Consent to the Indirect Collection and Disclosure of Personal Information**

I agree that Dominican University College may, without limitation, collect, use and disclose personal information about me that is relevant to the administration and financing of Scholarship Program with: its authorized financial administration agents and auditors; my academic references; bodies identified on this application form and other bodies, including government bodies that administer scholarships for undergraduate or graduate study or student loans; the Ministry's contractors, auditors and third party administrators; Ministry of Government Services and collection agencies it operates or retains; and consumer reporting agencies.

- I agree that Dominican University College can, without limitation, collect, use and disclose personal information about me that is relevant to the consideration of my Scholarship Program application and its report to the Foundation with respect to the granting of the Scholarship with: the Foundation, my academic references and the selection panel it appoints to assess my application.
- I have given complete and true information on this application form and in the required supporting documentation.
- I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by the Foundation or Dominican University College in respect of my eligibility for a Scholarship Program.
- I understand that information I provide will be verified and audited and the Ministry may also conduct inspections and investigations. I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit, verification, inspection or investigation purposes.
- I will promptly notify Dominican University College in writing of any changes to the information that I have provided and of any changes to my eligibility for a Scholarship Program, including ceasing to be enrolled in an eligible program at an eligible Ontario institution or becoming employed for more than an average of 10 hours per week.
- I understand that any change to the information I provide and any change resulting from verification and audit will result in a reassessment.
- I understand that if my application is reassessed, it may affect my eligibility and the amount of my Scholarship Program and, if required by DUC or the Foundation, I will promptly repay all or part of my Scholarship Program.

I have read and understood this section, including the notice of collection, use, and disclosure of my personal information and my signature attests to my consent for the indirect collection, use and disclosure of my personal information and that my declaration is complete and true. I understand that any fraudulent or misleading statement may result in proceedings for academic misconduct.

Signature of Applicant: \_\_\_\_\_ Date: DD/MM/YY \_\_\_\_\_

Section 9: Application Checklist	
Last name:	First name:
Please print and submit your <b>signed</b> , completed application package to the <b>Office of the Registrar</b> on or before <b>August 17, 2021 by 11:59 p.m EST.</b>	
Proposed Level of Study:      Masters      Ph.D.	Name of Program for 2021-2022:

Application Checklist	
Below is a list of items that you must include in your Application Package:	Student Checklist
<b>Application Form and Declaration (signed and dated)</b>	
<b>Proof of Citizenship or Permanent Residency</b> (Copy of passport/permanent residency card)	
<b>Reference Letter</b> (signed and sealed in envelope)	
<b>Reference Letter</b> (signed and sealed in envelope)	
<b>Transcripts - Undergraduate</b>	
<b>Transcripts – Graduate</b> (if applicable)	