

Vanier CGS	Internal use
Identification Only the information in the Name section will be made available to selection committee members and external assessors. Cit Statistical and Administrative Information will be used by SSHRC for administrative and statistical purposes only. Filling out the and Administrative Information section is optional.	izenship and ne Statistical
Name	
Family name Given Name Initials	Title
Full name used during previous contact with SSHRC, if different from above.	
Citizenship - Applicants must indicate their citizenship status.	
Status Canadian Permanent resident of Canada since Other (country) (yyyy/mm/dd) / /	
Statistical and Administrative Information	
Birth year Gender Correspondence language Language proficiency Read Write Speak Comp	orehend aurally
Contact Information The following information will help us contact you more rapidly. Secondary information will not be released by SSHRC without consent.	t your
Primary telephone number Country Area Number Extension Code code Secondary telephone number Country Area Number Extension Code code Code code	sion
Primary E-mail	



Conseil de recherches en sciences humaines du Canada

				Family name, Given name		
Vanier CGS						
Current Mailing Address			Perm	nanent Canadian Ad	dress	
The address you provide must be complete and accurate because we will use it to correspond with you.			perman perman	less of your citizenship status (0 ent resident of Canada), providi ent address in Canada, even if Mailing Address.	e, if applicab	le, your
Address				S		
City/Municipality Prov. / State Postal/Zip code				nicipality	Prov. / State	Postal/Zip code
Country					_	•



Vanier CGS						internal use	
Application P This page will be made	rofile de available to selection con	nmittee members.					
Supplement - joint or special initiative Current status of the applicant							
Applicant family name	e	,	Applicant given name			Initials	
Current position						Start date	
Org. code	Full organization name						
Department/Division							
Name of degree sou	ght through this application						
Organization to award	Organization to award the degree Start date or expected start date of the progra of study for which you seek support						
Department/Division						Expected start date of the award	
Title of research prop	osal				·		
How many months of	doctoral studies will you ha	ave completed at th	e expected start date of	the award?			
a) full tim	ne	-	b) part time _				
Does your proposal involve the use of human beings as research subjects? If "Yes", please consult the <i>Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans</i> and submit your proposal to the Research Ethics Board of the institution where you will undertake your graduate or postdoctoral studies.							
with this form; and an	epts the terms and condition by conditions applied to an a Letters of Appraisal to SSF	award pursuant to the	nis application. The unde	ersigned also decl			
Applicant name (print	;)	Signature			Date		

Application WEB



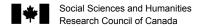
	Family	name,	Given	name
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Vanier CGS

Academic B	ackground			
	s, beginning with the highest degree first and all others in reverse chronologi	cal order, ba	sed on the start	date.
Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline		Did SSHRC su you to get this	
Org. code	Organization		1	
Country				
Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline		Did SSHRC su you to get this	ipport enable degree?
Org. code	Organization			
Country				
Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline		Did SSHRC su you to get this	ipport enable degree?
Org. code	Organization			
Country				
Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline		Did SSHRC su you to get this	
Org. code	Organization			
Country				
Degree type	Degree name	Start date (yyyy/mm)	Expected date (yyyy/mm)	Awarded date (yyyy/mm)
Disc. code	Discipline		Did SSHRC su you to get this	
Org. code	Organization		•	
Country				

Personal information will be stored in the Personal Information Bank for the appropriate program.

WEB Application Canada



			Family name, Given name	:	
Vanier CG	<u>S</u>				
Work Exp	erience				
List up to five po administrative a	ositions you are holding or have held (include academ appointments).	ic and rel	evant non-academic work e	experience, as wel	ll as
Position				Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name				
Department/Div	rision				
Position				Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name				
Department/Div	rision				
Position				Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name				
Department/Div	rision				
Position				Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name				
Department/Div	rision				
Position				Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name				
Department/Div	l rision				



		Family name, Given	name							
Vanier CGS										
most pertinent to	Credentials - List up to 6 scholarships, fellowships, prizes and other academic awards you have received and think would be the nost pertinent to the adjudication of your application.									
Category	Name	Source	Duration Value / Year (Months) awarded							
Research (Contributions - Provide con	mplete bibliographic references for your researc	ch contributions. List contributions							
by category as de	escribed in the instructions.									

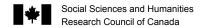


					Family name, Given name	е		
Vanie	r CGS							
	Areas of Study The information provided in this section refers to your research/study. Duplicate entries are not permitted.							
Keywo List key		t describe your proposed r	research/study. Sep	parate keyv	vords with a semicolon.			
Discip	lines							
Indicate	and rank up to	3 disciplines that best co	rrespond to your re	search/stu	dy.			
Rank	Code	Discipline						
1								
2								
3								
	of Researc	h 2 areas of research relate	ed to your research	ı/study.				
Rank	Code	Area						
1								
2								
Tempo	oral Period							
If applic	able, indicate t	ne historical period covere	d by your research	/study.				
From				То				
	Ye	ar BC	AD		Year	ВС	AD	
		0	0			0	0	



							Family	name, C	Given name			
	r CGS											
Areas	of Stud	y (Cont'c	d)									
_	aphical Reable, indicate	egions and rank up to	o 2 geogra	aphical reg	gions cove	red by or rela	lated to y	our rese	arch/study.			
Rank	Code	Region										
1												
2												
Counti		and rank up to	o 5 countri	ies covere	ed by or rel	ated to your	r researc	h/study.				
Rank	Code	Country										Prov./ State
1												
2												
3												
4												
5												
	juages your facility i	n the language	e(s) requir	red to carr	ry out your	proposed pr	rogram o	of study.				
							F	Read	Write	Speak	Compreher aurally	nd





Vanier CGS	,	Family name, Given name	;
Referees	on on two referees who will each con	nplete a Letter of Appraisal.	
Family name		Given name	Initials
Org. code	Full organization name		
Department/Divis	sion		
Family name		Given name	Initials
Org. code	Full organization name		
Department/Divis	sion		
	Transcripts transcripts appended to this application	on (e.g., McMaster, Laval). You must include all un	dergraduate and graduate transcripts



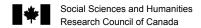
Letter of Appraisal

Vanier CGS

URGENT - DEADLINE MATERIAL MUST BE RETURNED TO THE APPLICANT IN A SEALED ENVELOPE BY:

Note: Also available as a form-fillable PDF file at www.sshrc.ca.						
Name of applica	ant		Telephone			
Address						
or by correspon	ding provincial legislation. Fe	on purposes only. It is retaine ederal legislation permits revieus, and except for the name a	ewer comments to	o be disclosed to the	e candidates, exc	ept for
I have	read	not read	the applicant's	program of study.		
Comments						
I have known th	ne applicant in my capacity a	ns			for	_ years.
Name of refere	e (print)					
Subject field				Department/Divisio	n	
Academic rank				Organization		
E-mail						
Telephone num	nber	Date		Signature		





Guidelines for Completing the Letter of Appraisal

When writing your comments, bear in mind that applications are reviewed by a multidisciplinary selection committee, some members of which may not be familiar with the field or sub-field in which the candidate proposes to study.

Your Letter of Appraisal should inform the selection committee about the following:

- the candidate's background preparation, originality, judgement, written and oral skills, and skill at research;
- the proposal's theoretical framework, its relation to the field, and its methodology;
- the merits and shortcomings of both the candidate and the program of study;
- the importance to the discipline of the journals in which the candidate has published and/or the candidate's prospects for publication;
- the appropriateness of the institution that will award the degree; and,
- if applicable, the candidate's proficiency in the foreign language(s) necessary to pursue the program of study.

Type your Letter of Appraisal using a **12-point font** and do not exceed the space provided. **Additional pages will not be submitted to the selection committee.**

Once you have completed the Letter of Appraisal, seal the envelope, sign over the seal and return the envelope to the applicant.

Important

You cannot save a form-fillable PDF file using Adobe Reader (a software available free from the Internet). If you are using Adobe Reader, you can type your information directly into the form; however, once you close your document, your data is lost.

We recommend that you compile your information in a word processor document. Once completed, you can then copy and paste this information into the PDF appraisal form. Your data will print only when you exit the field you have just completed. Print and sign the form.

Note: You may purchase Adobe Writer which will let you save your data to a directory.

Help

If you are having problems with your appraisal form, please consult the Frequently Asked Questions or contact the SSHRC Helpdesk by telephone at (613) 995-4273 or by E-mail at webgrant@sshrc.ca.

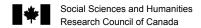


Letter of Appraisal

Vanier CGS

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Note: Also a	available as a form-fillable PDF f	ile at www.sshrc.ca	а.			
Name of ap	plicant		Telephone			
Address						
or by corres	ation you provide is for adjudicati sponding provincial legislation. Fi to other persons and their identit	ederal legislation pe	ermits reviewer comments to	o be disclosed to the c	andidates, excer	ot for
I have	read	not read	the applicant's	program of study.		
Comments						
I have know	wn the applicant in my capacity a	IS		f	or	years.
Name of re	feree (print)					
Subject fiel	d			Department/Division		
Academic r	rank			Organization		
E-mail						
Telephone	number	Date		Signature		



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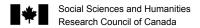
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Vanier CGS

Family name, Given name

Application Checklist		Included
1.	Completed and signed copy of the application form with all parts identified with your name	
Attachments		
2.	Summary of the proposal (1/2 page)	
3.	Program of Study (2 pages)	
4.	Bibliography and Citations	
5.	Research contributions, if applicable (1 page)	
6.	Allowable inclusion (1/2 page) Describe briefly any special circumstances that may have interrupted or delayed the completion of your current degree or a previous degree. Specify the dates of the delay or interruption.	
7.	All undergraduate level transcripts	
8.	All graduate level transcripts	
9.	Two (2) completed Letters of Appraisal in sealed envelopes	
10.	Institutional Nomination Letter	
11.	Application Checklist	

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Application WEB