

J. A. Bombardier Canada Graduate Scholarships - Master's	Internal use						
Identification Citizenship and Statistical and Administrative Information will be used by SSHRC for administrative and statistical purposes only. Filling out the Statistical and Administrative Information section is optional.							
Name							
Family name Given Name Initial	als 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 French English French	Comprehend aurally						
Contact Information The following information will help us contact you more rapidly. Secondary information will not be released by SSHRC consent.	C without your						
Primary telephone number Country Area Number Extension Code code Secondary telephone number Country Area Number code code Country Area Number code code	Extension						
Primary E-mail							

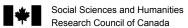




	Family name, Given name
J. A. Bombardier CGS - Master's	

Current Mailing Address Permanent Canadian Address Regardless of your citizenship status (Canadian citizen or permanent resident of Canada), you must provide your permanent address in Canada, even if it is the same as your Current Mailing The address you provide must be complete and accurate because we will use it to correspond with you. Address. Address Address Prov. / Prov. / City/Municipality Postal/Zip code City/Municipality Postal/Zip code State State Country





J. A. Bombard	dier Canada Grad	uate Scholar	ships	- Mastei	r's			Internal use
Application P	rofile		-					
Special initiative								
Applicant family nam	e		Applicar	it given name	:			Initials
Current position								
Org. code	Full organization name							
Department/Division								
Name of degree sou	ght through this application							
Organization to award the degree Start date or expected start date of study for which you seek support								
Department/Division					number of months igh this application	of support	Expedition of the	cted start date award
Title of research prop	oosal							
Confirm the nature of	f the research requirements	of the program						
If the research requir	rement is coursework, pleas	e specify courses						
How many months of	f graduate studies will you h	ave completed at th	e expecte	ed start date of	of the award?			
a) full tir	ne			b) part time				
Tri-Council Policy Sta	nvolve the use of human be atement: Ethical Conduct for Board of the institution wher	Research Involving	g Humans	and submit y	our proposal to	O Y	'es	○ No
Signature								
with this form; and ar	cepts the terms and condition ny conditions applied to an a I Letters of Appraisal to SSH	award pursuant to th	is applica	tion. The und	lersigned also decl			
Applicant name (prin	t)	Signature				Date		

Application WEB



*	Social Sciences and Humanities
	Research Council of Canada

Conseil de recherches en sciences humaines du Canada

Family name, Given name

<u>J. A. Bombar</u>	dier CGS - Master's			
Academic B	ackground			
List up to 5 degrees	s, beginning with the highest degree first and all others in reverse chronolog	ical 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	degree?
			Yes (○ No
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 Yes (pport 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		<u> </u>	
Country	Į.			
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	degree?
Org. code	Organization		Yes	○ No
Country				
Degree type	Degree name	Start date	Expected date	Awarded date
Degree type	Degree name	(yyyy/mm)	(yyyy/mm)	(yyyy/mm)
Disc. code	Discipline		Did SSHRC su you to get this	degree?
			Yes (◯ No
Org. code	Organization			
Country				

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

Application Weeb

Canada



Family name, Given name	

J. A. Bombardier CGS - Master's

Work Expe	rience		
List up to five posi administrative app	tions you are holding or have held (include academic and relevant non- ointments).	academic work experience, as wel	l as
Position		Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name	1	
Department/Division	on		
Position		Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name		
Department/Division	on		
Position		Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name		
Department/Division	on		
Position		Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name	,	
Department/Division	on		
Position		Start date (yyyy/mm)	End date (yyyy/mm)
Org. code	Full organization name	,	
Department/Division	on		

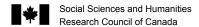
Canadä

I. A. Bomba	ardier CGS - Master's	Family name, Given	name
Credentials		hips, prizes and other academic awards you h	nave received and think would be the
Category	Name	Source	Duration Value / Ye (Months) awarded



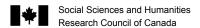
Bombardi	er CGS - Ma	ster's	i		Family name, Given name	:		
Areas of Study The information provided in this section refers to your research/study. Duplicate entries are not permitted.								
	t describe your prop	oosed res	search/study. S	eparate keyw	ords with a semicolon.			
and rank up to	3 disciplines that b	est corre	espond to your	research/stud	ly.			
Code	Discipline							
		h related	to your research	ch/study.				
Code	Area							
Temporal Period If applicable, indicate the historical period covered by your research/study.								
				То				
Ye		c)	AD O		Year	вс	AD O	
	ords words that besi lines and rank up to Code Oral Period able, indicate the	rmation provided in this section reports words that best describe your proports Alines and rank up to 3 disciplines that become a code Of Research and rank up to 2 areas of research Code Area Oral Period able, indicate the historical period Year	rmation provided in this section refers to your proposed resolutions words that best describe your proposed resolutions. Ilines and rank up to 3 disciplines that best corresolutions Code Discipline of Research and rank up to 2 areas of research related Code Area Dral Period able, indicate the historical period covered	Ilines and rank up to 3 discipline Code Discipline Of Research and rank up to 2 areas of research related to your research Code Area Dral Period able, indicate the historical period covered by your research	Sof Study rmation provided in this section refers to your research/study. Duplicate ords words that best describe your proposed research/study. Separate keyw Code Discipline Of Research and rank up to 3 disciplines that best correspond to your research/study Of Research and rank up to 2 areas of research related to your research/study. Code Area Oral Period able, indicate the historical period covered by your research/study. To	Sof Study mation provided in this section refers to your research/study. Duplicate entries are not permitted. ords words that best describe your proposed research/study. Separate keywords with a semicolon. Code Discipline of Research and rank up to 2 areas of research related to your research/study. Code Area Oral Period able, indicate the historical period covered by your research/study. To Year Year	Sombardier CGS - Master's Sof Study Imation provided in this section refers to your research/study. Duplicate entries are not permitted. Pords Words that best describe your proposed research/study. Separate keywords with a semicolon. Sombardier CGS - Master's	Sof Study mation provided in this section refers to your research/study. Duplicate entries are not permitted. Ords words that best describe your proposed research/study. Separate keywords with a semicolon. Ilines and rank up to 3 disciplines that best correspond to your research/study. Code Discipline Of Research and rank up to 2 areas of research related to your research/study. Code Area Oral Period able, indicate the historical period covered by your research/study. To Year Year





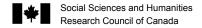
	Dombord	ior CCS	Moot	·or'o			Family	name, G	iven name			
	Bombard s of Stud			ers								
Geogr	aphical Re	gions		aphical re	gions cov	rered by or re	elated to y	our resea	arch/study.			
Rank	Code	Region				,						
1												
2												
Count	ries able, indicate	and rank up t	o 5 countr	ies covere	ed by or re	elated to you	ır researd	:h/study.				
Rank	Code	Country										Prov./ State
1												
2												
3												
4												
5												
	Languages Specify your facility in the language(s) required to carry out your proposed program of study.											
							ſ	Read	Write	Speak	Comprehen aurally	d





J. A. Bombard	lier CGS - Master's		Family name, Given name	
Referees Provide information of	on two referees who will each complete a Letter o	f Apprais	eal.	
Family name		Given i	name	Initials
Org. code	Full organization name			
Department/Division				
Family name		Given i	name	Initials
Org. code	Full organization name			
Department/Division				
Transcripts List all university tran	scripts appended to this application (e.g., McMas	ter, Lava	l). You must include all undergraduate and gradu	uate transcripts





Guidelines for Completing the Letter of Appraisal

When writing your appraisal, bear in mind that some members of the multidisciplinary selection committee that reviews applications may not have an intimate knowledge of the field or sub-field in which the candidate proposes to study.

In your Letter of Appraisal you should comment on the following:

- Academic Excellence As demonstrated by academic transcripts, awards and distinctions.
- Research Potential Quality of analytical skills, ability to think critically, ability to
 apply skills and knowledge, judgement, originality, initiative and autonomy,
 determination and ability to complete projects within an appropriate period
 of time—as demonstrated in the description of program of study and by work
 experience, research contributions.
- Communication Skills As demonstrated in the description of the program of study and by work experience, community involvement and other extracurricular activities (if relevant), and the quality of presentation of the application.

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.

Note: If you are the Head of a department and are also completing a Letter of Appraisal on behalf of a candidate, please ensure that another faculty member completes the Departmental Appraisal.

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-crsh.gc.ca.

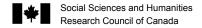


Letter of Appraisal

J. A. Bombardier CGS - Master's

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

Note: Also ava	ailable as a form-fillable PDF f	ile at www.sshrc.ca.		,			
Name of appli	cant		Telephone				
Test Fileds, Losing values aaaa			() Ext.				
Address							
The information	on you provide is for adjudicati	on nurnosos only. It is rotaino	d in the applicant	nt's file and is protected by the federal Privacy Act			
or by correspo	onding provincial legislation. For	ederal legislation permits revie	ewer comments to	to be disclosed to the candidates, except for			
references to	other persons and their identit	ies, and except for the name a	and personal info	ormation of the reviewer. Provincial legislation may			
vary.							
I have	read	not read	the applicant's	program of study.			
Comments							
I have known	the applicant in my capacity a	s		for years.			
				, .e yea.e.			
Name of refer	ree (print)						
Subject field				Department/Division			
Academic ran	nk			Organization			
Г ma!!							
E-mail							
Telephone nu	ımber	Date		Signature			



Guidelines for Completing the Letter of Appraisal

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 determination and ability to complete projects within an appropriate period
 of time—as demonstrated in the description of program of study and by work
 experience, research contributions.
- Communication Skills As demonstrated in the description of the program of study and by work experience, community involvement and other extracurricular activities (if relevant), and the quality of presentation of the application.

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

Note: If you are the Head of a department and are also completing a Letter of Appraisal on behalf of a candidate, please ensure that another faculty member completes the Departmental Appraisal.

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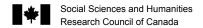
Letter of Appraisal

J. A. Bombardier CGS - Master's

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

	available as a form-fillabl	le PDF file at v	vww.sshrc.ca.					
Name of ap	plicant			Telephone				
				() Ext.				
Address								
or by corres	ation you provide is for ac sponding provincial legisl	djudication pur lation Federal	poses only. It is ref legislation permits	tained in the applicant	's file and is protecte to be disclosed to the	ed by the ted candidates	leral <i>Privacy Act</i>	
references t	to other persons and the	ir identities, ar	nd except for the na	ame and personal info	rmation of the review	ver. Provinci	al legislation may	
vary.	·		· ¬					
I have	read		not read	the applicant's	orogram of study.			
Comments								
I have knov	vn the applicant in my ca	anacity as				for	vears	
							youre.	
Name of re	feree (print)							
Subject fiel	d				Department/Divisio	n		
Oubject ner	u				Department/Divisio	11		
Academic r	ank				Organization			
E-mail								
Telephone	number	Date		1	Signature			
relepriorie	number	Date			Signature			





Guidelines for Completing the Departmental Appraisal

Complete this form if you are evaluating an applicant for a Canada Graduate Scholarships - Master's and you are the head of the department or the designate. Before you start completing the form-fillable PDF, make sure you have the applicant's completed Canada Graduate Scholarships - Master's application form, along with his or her official academic transcripts. **Please do not exceed the space provided, as additional pages will not be accepted.**

Note: The proposed supervisor must not complete this form.

Complete this form for all CGS - Master's applicants that must apply through the university.

1. Describe the applicant's research potential (e.g., quality of analytical skills, ability to think critically, ability to apply skills and knowledge, judgement, originality, initiative and autonomy, determination and ability to complete projects within an appropriate period of time).

In addition, comment on the applicant's communication skills as demonstrated in the description of the program of study and by work experience, community involvement and other extracurricular activities (if relevant) and the quality of presentation of the application.

- 2. If the applicant is currently enrolled in or intends to pursue a master's or combined MA/PhD program at your institution or has indicated that they intend to take up the award at your institution, comment on the research requirements of that program.
- 3. Has the applicant maintained a first-class average (as determined by your institution) in each of his or her last two years of full-time study? If you are nominating an applicant for a CGS award who has not achieved a first-class average in each of the last two years of study, you must provide a strong rationale for the recommendation, because such applications will be submitted to the CGS-Master's Committee for evaluation.
- 4. Indicate the weighted annual averages (grade point, percentage) for each of the last two completed years of study. Annotate the transcripts (do not highlight) to indicate which courses you have used in the calculation.



Submitting this Appraisal

For applications being submitted through a Canadian university

Submit the following documents to the office responsible for managing this program at your university:

- · Completed application form and required attachments
- · Departmental Appraisal
- · All university level transcripts
- · Application Checklist

If you are the Head of a department and are also completing a Letter of Appraisal on behalf of an applicant, please ensure that another faculty member completes the Departmental Appraisal.

For applications being submitted directly to SSHRC

The Departmental Appraisal is not required for those who are applying directly to SSHRC.

Important

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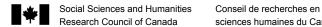


Departmental AppraisalNote: Also available as a form-fillable PDF file at www.sshrc.ca.

URGENT - DEADLINE MATERIAL

For Master's Scholarships - applicants appli		_		_		
Full name of applicant	i designated	On benan	Country code	Area code	Number	Extension
Describe the applicant's (a) research potential an	d (b) comm	 unication	skills. Highl	light both strei	ngths and weakne	sses.
2. If the applicant is enrolled in or intends to pursue	e a master's	or comb	ined MA/PhD	program at y	our institution, co	mment
on the research requirements of that program.						
3. Has the applicant maintained a first-class average full-time study or equivalent?		nined by y	our instituti	on) in each of	his or her last two	years of
If no, explain			<u> </u>			
4. What is the applicant's average?	(-\			,	(ma a viima viima)
For department and institution	(maximun	n)	Last year		1	_ (maximum)
	Signature				Date	
	9					
Full name of organization		Dep	oartment			
Country Area Number I	Extension	E-mail				
Telephone						





Family name, Given name

J. A. Bombardier CGS - Master's

Application Checklist				
1.	Completed and signed copy of the application form with all parts identified with your name			
Atta	achments			
2.	Program of Study (maximum 2 pages)			
3.	Bibliography and Citations (maximum 5 pages)			
4.	Research contributions, if applicable (maximum 1 page)			
5.	All undergraduate level transcripts			
6.	All graduate level transcripts			
7.	Two (2) completed Letters of Appraisal in sealed envelopes			
8.	The Departmental Appraisal (those applying through a Canadian university)			
9.	Application Checklist			

