

APPLICATION FOR A STEEL MEMORIAL GRADUATE SCHOLARSHIP

Fill in all information

Name: _____ Student No. _____
surname first name

Email: _____

Home Address _____
_____ Postal Code _____

Note: All correspondence about this application will be sent to the departmental address.

Present SFU Degree Program _____ Department _____

Semester of Entry to this Degree Program _____

Post-Secondary Education including present program (**ATTACH TRANSCRIPTS**):

Institution	Location	Field	Degree	Date	Grade Pt. Ave.

I declare all information provided by me to be true and agree to abide by the Terms of Reference of the award if this application is approved.

Freedom of Information and Protection of Privacy Notice: The information on this form and all supporting documents is collected under authority of the University Act (R.S.B.C. 1979, c. 419). The information is needed to adjudicate the Steel Scholarship competition and will be used to determine the best candidates. (If you have any questions about the collection and use of this information, please write to the Office of the Dean of Graduate Studies.)

Applicant _____ Date _____
signature

Pages 1 and 2 of the completed application and all post-secondary transcripts must be received by the Departmental Graduate Program Chair at Simon Fraser University by **May 30**.

For Departmental Use Only:

It is understood that the recommendation, ranking and comments will be released to the applicant if requested in writing to the Office of the Dean of Graduate Studies.

Application is: Recommended ☐ Not Recommended ☐

Applicant is ranked: # _____ of _____ candidates.

Comments:

Graduate Program Chair _____ Date _____
signature

Attach the following (use headers to identify each section):

- ❑ An autobiographical sketch and statement of research interests and goals, not to exceed 1000 words
- ❑ A statement of reasons that travel outside the Lower Mainland of British Columbia is necessary for the research program.
- ❑ A list of all Scholarly Publications. *Provide full authorship, title, journal and page references (beginning and end). Use the format: M. Author and A. Coauthor, "My Paper," Best Journal 101, 32-56 (1990).*
- ❑ A list of other support held or applied for (*Applicants should note that the Terms of Reference for this award prohibit full-time employment during tenure*).

References

Identify the **three** persons familiar with the applicant's academic work who have been asked to provide Steel Memorial Graduate Scholarship confidential reference reports in support of this application:

Note: It is the applicant's responsibility to ensure that all reference reports are received by the Departmental Graduate Program Chair by May 30.

STEEL MEMORIAL GRADUATE SCHOLARSHIP CONFIDENTIAL REFERENCE REPORT

Name of Applicant (typed): _____

Applicant should fill in the Department in the address below.

Graduate Program Chair
Department of _____
Simon Fraser University
Burnaby, B.C. V5A 1S6 Canada

To be completed by the referee:

It is understood that the ranking and comments will be released to the applicant if requested in writing to the Office of the Dean of Graduate Studies.

I have known the applicant for _____ years, in my capacity as _____.

In comparison with other students at the same stage of their education, the applicant falls in the following categories:

	Top 5%	Next 10%	Next 10%	Other	Inadequate opportunity to observe
Academic Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Originality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on the applicant: *(Please use the back of the form if more space is needed.)*

Signature of Referee _____ Date _____

Please type _____
name of referee institution position

The referee should send the completed form directly to the address given above. It must be received by May 30.

Simon Fraser University