

Use this form to:

- Apply for the Dr. Daleep Singh Memorial Award

Instructions:

1. The student should complete sections 1 and 2.
2. The student should submit the complete application package by the deadline below to the Graduate Studies Coordinator at the School of Architecture.
 - a. One page research proposal indicating interest in the area of Architecture in Africa.
 - b. Complete application form.

Deadlines:

- February 1st

More information about this scholarship can be found on [Graduate funding & awards database](#)

Section 1: Student information

University of Waterloo student identification number _____

Last name(s) _____ First name(s) _____

Email _____

Program level master's doctoral Registration status: full-time part-time

Section 2: Applicant's disclosure statement

1. I confirm that the information provided in this application package is complete and accurate to the best of my knowledge.
2. I understand that I am responsible for providing all required documentation as indicated in the application instructions or as directed by the administering office, and that if I do not submit the required documentation/information I may be disqualified for consideration of this award.
3. I understand that the collection of personal information provided in this application package is used solely for determining my eligibility for this award and similar awards. Information submitted during the application process will be protected, used, and released in compliance with Ontario's *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990, c. F31) and the University of Waterloo's policies.
4. I authorize the University to release a copy of this application package to the appropriate awards selection committee.
5. I understand that if I am selected to receive this award, and are also an OSAP recipient, the awards funds may affect my OSAP funding.
6. I acknowledge that if my funding changes in the term or for the intended period of support for which this award is provided, or if any details change that would disqualify me from continuing to hold this award, I will immediately notify the Graduate Studies Office, as I understand that it may result in a reassessment and/or cancellation of my award. All details provided in the application are subject to verification by the awarding office.
7. If selected as an award recipient, I authorize the University to release any non-financial application details to the award donor, such as name, program/plan/level of enrollment, value of award, as well as supporting documentation (e.g., letter, resume), where applicable.

Applicant signature _____ Date (mm/dd/yy) _____

Section 3: Approvals and signatures (print name and sign)

Supervisor _____ Date (mm/dd/yy) _____

Supervisor Comments:

Graduate Associate Chair _____ Date (mm/dd/yy) _____