

Use this form to:

- Apply for the MartinSimmons Graduate Scholarship for Locally Focused Architecture.

Instructions:

1. The student will complete sections 1 and 2.
2. The student will submit the complete application package by the deadline below to the Graduate Studies Coordinator at the School of Architecture:
 - a. A 500-word abstract detailing local research.
 - b. Complete application form.
3. Eligibility criteria:
 - a. Students must have full-time registration in their first term of the Master of Architecture.
 - b. Selection to be based on review of a 500-word abstract describing how the students research focuses on a local project in Waterloo Region or Wellington County.

Deadline: OCTOBER 31**Section 1: Student information**

University of Waterloo student identification number _____

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

Email _____ Program level: ☐ master's ☐ doctoral

Faculty (e.g. Arts) _____ Department or School (e.g. History) _____

Registration status: ☐ full-time ☐ part-time**Section 2: Applicant's declaration and consent**

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. 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 I am also an OSAP recipient, my OSAP funding may be affected.
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 Graduate Studies and Postdoctoral Affairs, 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 enrolment, value of award, as well as supporting documentation (e.g., letter, resume), where applicable.

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

Section 3: Department Graduate Officer/Chair Ranking

Supervisor _____ Date (mm/dd/yy) _____

Supervisor Comments: _____

Department Graduate Officer/Chair signature _____ Date (mm/dd/yy) _____