

## Purpose of the Program

The Sir John A. Macdonald Graduate Fellowship in Canadian History was created in 1965 to commemorate the 150th anniversary of the birth of Canada's first prime minister, and to recognize his contribution to Canada's development. This fellowship is intended to encourage graduate studies in Canadian history.

## Value of the Award

Each year, one fellowship of \$8,500 is awarded. The award is tenable for three consecutive years, making the maximum value \$25,500.

## Eligibility

You are eligible to apply for a fellowship if you:

- are a Canadian citizen; a permanent resident, or protected person;
- are a resident of Ontario;
- have an Honours Bachelor or Arts degree or its equivalent from an Ontario university;
- plan to enter the first year of a full-time doctoral program, with a major emphasis in Canadian history, at an Ontario university in September 2011. Students planning to enter the first year of a masters program may apply, however, preference will be given to doctoral-level candidates.
- maintain an overall average of at least B+ or its equivalent during each of your last two years of study at the postsecondary level.

## Conditions of the Award

If you receive a fellowship, you must comply with the following conditions:

- You must use the fellowship in the year for which it is awarded.
- You may accept a research assistantship or a part-time teaching or demonstrating appointment, provided that it does not interfere with your status as a full-time graduate student. The total amount of time you may spend in connection with such activities, including preparation and marking of examinations, must not exceed ten hours per week.
- You may hold other awards that have a total value of up to \$5,000.
- To continue to hold the award in the second and third years, you must be recommended by the dean of your graduate school.

## Application Procedure

### Application Deadlines

You must submit the completed application form and all required supporting documentation by April 1, 2011, to:

Fellowships, Student Financial Assistance Branch  
Ministry of Training, Colleges and Universities  
PO Box 4500

189 Red River Road, 4th Floor  
Thunder Bay ON P7B 6G9

Telephone: (807) 343-7257

Telephone Device for the Deaf: 1-800-465-3958

It is your responsibility to ensure that all documentation is received by the ministry by the appropriate deadline date. The ministry is not responsible for lost or incomplete applications. Applications with incomplete supporting documentation will not be considered.

### Supporting Documentation

You must submit the following supporting documentation with your completed application form:

- a photocopy of your official undergraduate transcript(s) and, where applicable, graduate transcript(s);
- a summary of not more than two hundred words detailing your projected research;
- Report 1 - the attached form, completed by the professor in the history department who is most familiar with your work;
- Report 2 - the attached form, completed by another professor who is familiar with your work.

Note: Under the Ontario Freedom of Information and Protection of Privacy Act, the use of Reports 1 and 2 is mandatory. Other forms or letters will not be accepted as substitutes.

If you are offered a fellowship, you will be required to submit the following documentation to verify your eligibility for the award:

- a photocopy of a valid Social Insurance Number card;
- a photocopy of proof of Canadian citizenship, permanent resident status or protected person status.

## Selection and Payment Procedures

The fellowship will be awarded on the basis of your academic record and assessed potential. You will be informed by late-June 2011 whether or not you have been successful in the competition.

The fellowship is payable in two equal instalments, which are forwarded to the institution at which you are enrolled in full-time studies. The first instalment will be paid in early September 2011, and the second instalment in early January 2012.

**Personal Information**

|                                                                                                                                 |       |                                                          |                                                                  |                                                                  |                |
|---------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|----------------|
| Last name                                                                                                                       |       | First name and initial                                   |                                                                  | Social Insurance Number                                          |                |
| Permanent address (number and street)                                                                                           |       |                                                          |                                                                  | Apartment                                                        | E_mail address |
| City, town, post office                                                                                                         |       | Province                                                 | Postal code                                                      | Area code and telephone number                                   |                |
| Mailing Address if different from permanent address (number and street)                                                         |       |                                                          |                                                                  |                                                                  | Apartment      |
| City, town, post office                                                                                                         |       | Province                                                 | Postal code                                                      | Area code and telephone number                                   |                |
| Citizenship status                                                                                                              |       |                                                          |                                                                  |                                                                  |                |
| <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Protected person |       |                                                          |                                                                  |                                                                  |                |
| Have you been an Ontario resident from birth to present?                                                                        |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                  | If no, when did you come to Ontario?                             |                |
|                                                                                                                                 |       |                                                          |                                                                  | Month                                                            | Year           |
| Date of birth                                                                                                                   |       | First language                                           |                                                                  | In which language do you prefer to receive correspondence?       |                |
| Day                                                                                                                             | Month | Year                                                     | <input type="checkbox"/> English <input type="checkbox"/> French | <input type="checkbox"/> French <input type="checkbox"/> English |                |

**Proposed graduate work in Canadian history**

|                    |                      |
|--------------------|----------------------|
| Name of university | Special subject area |
|--------------------|----------------------|

**Universities at which you have been enrolled**

| Name of university | Dates         |      |             |      | Degree obtained |
|--------------------|---------------|------|-------------|------|-----------------|
|                    | From<br>Month | Year | To<br>Month | Year |                 |
|                    |               |      |             |      |                 |
|                    |               |      |             |      |                 |
|                    |               |      |             |      |                 |
|                    |               |      |             |      |                 |
|                    |               |      |             |      |                 |
|                    |               |      |             |      |                 |

Attach a separate sheet if more space is required

**Academic references**

Professors who have agreed to submit Reports 1 and 2 on your behalf.

|            |            |                                |
|------------|------------|--------------------------------|
| Name       | Faculty    | Area code and telephone number |
| Department | University |                                |
| Name       | Faculty    | Area code and telephone number |
| Department | University |                                |

**Applicant's signature**
**Date**

|  |  |
|--|--|
|  |  |
|--|--|

In accordance with subsection 39(2) of the Ontario Freedom of Information and Protection of Privacy Act, this is to advise you that the personal information collected on this form will only be used for the proper administration of the Sir John A. Macdonald Graduate Fellowship in Canadian History. For the purpose of verifying the application and any award, the personal information may be disclosed to any educational institution, the federal government, and ministries of the Ontario government. The information is collected under the authority of the Ministry of Training, Colleges and Universities Act, R.S. O. 1990, c. M.19. Any questions should be addressed to the Ministry of Training, Colleges and Universities, Student Financial Assistance Branch, PO Box 4500, Thunder Bay ON P7B 6G9; telephone number: (807) 343-7257.

**To be completed by the professor in the history department who is MOST familiar with the applicant's work.**

This form must be received by April 1, 2011 by the Ministry of Training, Colleges and Universities, Student Financial Assistance Branch, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay ON P7B 6G9.

*Note:* Under the Ontario Freedom of Information and Protection of Privacy Act, the use of this form is mandatory.

**A. To be completed by applicant**

Name of applicant

Social Insurance Number

Name of institution at which applicant is currently registered

**B. To be completed by professor**

*Note:* Only applicants with an overall average of at least B+ or its equivalent in each of the last two years of study are eligible to apply.

**In comparison with other students at a similar level, the applicant would rank as follows:**

|                             | Outstanding<br>Top 2% | Next 8% | Above average<br>Next 8% | Average<br>Next 8% | Below average<br>Lower 50% | Inadequate<br>opportunity to<br>observe |
|-----------------------------|-----------------------|---------|--------------------------|--------------------|----------------------------|-----------------------------------------|
| Background preparation      |                       |         |                          |                    |                            |                                         |
| Originality                 |                       |         |                          |                    |                            |                                         |
| Present ability at research |                       |         |                          |                    |                            |                                         |
| Research potential          |                       |         |                          |                    |                            |                                         |
| Industriousness             |                       |         |                          |                    |                            |                                         |
| Judgement                   |                       |         |                          |                    |                            |                                         |
| Overall ability             |                       |         |                          |                    |                            |                                         |
| Oral and written skills     |                       |         |                          |                    |                            |                                         |

In this section, please elaborate on the assessment above. Other relevant comments may be added. Please type or print clearly. You may choose to attach a separate sheet.

Taking all factors into consideration,

I would rank this applicant:

☐ A+

☐ A

☐ A-

☐ B+

☐ B

☐ B-

I knew the applicant in my capacity as

during the period from

to

Name of professor

Faculty

Department

University

**Professor's signature**
**Date**

**To be completed by the professor who is familiar with the applicant's work.**

This form must be received by April 1, 2011 by the Ministry of Training, Colleges and Universities, Student Financial Assistance Branch, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay ON P7B 6G9.

*Note:* Under the Ontario Freedom of Information and Protection of Privacy Act, the use of this form is mandatory.

**A. To be completed by applicant**

Name of applicant

Social Insurance Number

Name of institution at which applicant is currently registered

**B. To be completed by professor**

*Note:* Only applicants with an overall average of at least B+ or its equivalent in each of the last two years of study are eligible to apply.

**In comparison with other students at a similar level, the applicant would rank as follows:**

|                             | Outstanding<br>Top 2% | Next 8% | Above average<br>Next 8% | Average<br>Next 8% | Below average<br>Lower 50% | Inadequate<br>opportunity to<br>observe |
|-----------------------------|-----------------------|---------|--------------------------|--------------------|----------------------------|-----------------------------------------|
| Background preparation      |                       |         |                          |                    |                            |                                         |
| Originality                 |                       |         |                          |                    |                            |                                         |
| Present ability at research |                       |         |                          |                    |                            |                                         |
| Research potential          |                       |         |                          |                    |                            |                                         |
| Industriousness             |                       |         |                          |                    |                            |                                         |
| Judgement                   |                       |         |                          |                    |                            |                                         |
| Overall ability             |                       |         |                          |                    |                            |                                         |
| Oral and written skills     |                       |         |                          |                    |                            |                                         |

In this section, please elaborate on the assessment above. Other relevant comments may be added. Please type or print clearly. You may choose to attach a separate sheet.

Taking all factors into consideration,

I would rank this applicant:

☐ A+

☐ A

☐ A-

☐ B+

☐ B

☐ B-

I knew the applicant in my capacity as

during the period from

to

Name of professor

Faculty

Department

University

**Professor's signature**
**Date**