

Use this form to:

Apply for the Jose Blakeley Graduate Scholarship in Data Systems.

Instructions:

1. The student will complete sections 1 and 2.
2. The student will submit to the Graduate Studies Supervisor in the School of Computer Science (Denise Shantz), a complete application package including this form and the following required components by the deadline below:
 - a. Two letters of reference (signed on letterhead)
 - b. Current curriculum vitae
 - c. Unofficial copies of all post-secondary transcripts
 - d. One page written statement highlighting applicant's demonstrated need to overcome a barrier

Deadline: JULY 15

For more information about this form, including award eligibility requirements and application details, please review the [Jose Blakeley Graduate Scholarship Data Systems](#) web page.

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 enrollment, value of award, as well as supporting documentation (e.g., letter, resume), where applicable.

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

Department Use Only

Department Decision _____ Comments _____

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

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