

The personal information collected on this form is collected under the legal authority of the *Royal Charter of 1841*, as amended. The personal information collected on this form will be used to confirm your eligibility for this award.

OSOTF I Form
 Queen's University School of Graduate Studies and Research
 Statement of Ontario Residency for Acceptance of Fellowships under the
ONTARIO STUDENT OPPORTUNITY TRUST FUNDS (OSOTF) Program

PERSONAL DATA		
Surname:	Given Name(s):	Student Number
Permanent Address:	Queen's Email Address preferred	
	Telephone Number	
AWARD/FELLOWSHIP		
Name of Award/Fellowship: _____		
ACADEMIC PROGRAM		
Department: _____		
Program of Study	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctoral
Study Status, from 20__ - 20__	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
EXPLANATION OF OSOTF PROGRAM		
<p>OSOTF awards were established through the 1997-98 Matching Campaign whereby the Ontario Government matched private donations. As a result, these awards include an Ontario residency criterion as well as financial need proven through the application to the Ontario Student Assistance Plan (OSAP) each year.</p> <p>To accept the OSOTF award named in the attached letter, you</p> <ol style="list-style-type: none"> 1. MUST be a Canadian citizen or landed immigrant, AND 2. MUST meet the following Ontario residency definition: <p>Ontario Residency Definition for OSOTF awards Queen's University will apply the following definition of Ontario resident for the purposes of OSOTF awards: An Ontario resident is deemed to be a student who is a Canadian citizen or permanent resident of Canada who resides in the Province of Ontario by virtue of his/her registration status as a full-time or part-time on-campus student at the undergraduate or post-graduate level. Students newly admitted to the University, whose address upon admission is outside of Ontario, will not be deemed to be residents of Ontario during their first term of study. Providing the student is continually registered as an on-campus student in consecutive terms of study, or academic sessions as appropriate, the student will be deemed to be a resident of Ontario.</p>		
STUDENT DECLARATION		
<p>I hereby declare that all information on this application is true and complete in every respect. I understand that I may be required to repay all or part of this scholarship, if the information is found to be inaccurate. Furthermore, I understand that if my study status changes to PART-TIME, OR if I complete or withdraw from my program I may be required to repay all or part of this scholarship (the amount of repayment required depends on the date of completion or withdrawal).</p> <p>Student Signature: _____ Date: _____</p>		