



APPLICATION FOR UNIVERSITY OF LETHBRIDGE NEXEN FELLOWSHIP AWARD

Purpose	Intended for graduate students examining the issues of water resources and water related activities
Eligibility	Entering or continuing students conducting water-related research in a full-time M.A., M.Sc. or Ph.D. thesis-based graduate program
Value	M.A. or M.Sc. \$5,000; masters student may reapply for a second year. Award dispersed in two equal payments in consecutive semesters. Ph.D. \$15,000; automatically renewed in the second year conditional upon successful progress in your program
Criteria	<ul style="list-style-type: none"> • Academic achievement (based on GPA and content of application documents) • Research record potential for contribution in water-related research and related activities. • Curriculum Vitae • Second Academic Reference Letter • Supervisor Reference Letter (sealed and signed in an envelope) • Transcripts (photocopies acceptable) • Statement of Intended Research and its social and scholarly value (max one page single spaced)
Further Information	For the attention of: SGS Awards Advisor Email: sgs.awards@uleth.ca
Deadline	April 15 If the deadline falls on a weekend then submit on the next business day
Submit	Completed applications returned to: SGS Award Advisor It is your responsibility to ensure that all requested information is attached and received by the stated deadline. Incomplete or late applications will not be considered. The University of Lethbridge is not responsible for any applications lost in the delivery system.
FOIP	<p><u>FOIP Notification</u></p> <p>The personal information on this form is collected under the authority of the <i>Post-secondary Learning Act (Alberta)</i> and the <i>Freedom of Information and Protection of Privacy Act (Alberta)</i>. The information collected will be used to administer the University's Graduate Awards. For successful applicants, the information collected will also be used to promote this program and shared with the donors and other University units. Questions on the collection, use or disclosure of this information must be directed to the University of Lethbridge FOIP Coordinator, 403-332-4620 or foip@uleth.ca.</p>

PERSONAL INFORMATION

First Name

Last Name:

U of L ID Number

Canadian Citizen

Permanent Resident

International

PERIOD OF STUDY AT THE UNIVERSITY OF LETHBRIDGE:

Program Semester Start Date:

Program Start Year:

Program you are currently in:

Year of Study:

Department:

SIGNATURE

This application must be signed. I hereby certify that the information given on this application is complete and true in all respects. If granted an award, I authorize the Scholarships and Student Finance Office to release pertinent information to the donor of the award, various University of Lethbridge departments and the news media.

Date

Signature: