KAPPA KAPPA GAMMA FOUNDATION OF CANADA

**GRADUATE SCHOLARSHIP**

**FOR CANADIAN WOMEN**

**2022**

**APPLICANT INSTRUCTIONS:**

1. The candidate must be a female Canadian citizen **currently enrolled in** and pursuing a Ph.D. program.
2. Application forms may be obtained by emailing scholarship@kkgfoundationofcanada.org or online at [www.kkgfoundationofcanada.org](http://www.kkgfoundationofcanada.org).
3. **This application may be submitted as a PDF file via e-mail to** **scholarship@kkgfoundationofcanada.org** **and all components must be received by midnight March 15, 2022.**
4. Alternatively, this application and all relevant material may be sent by mail and must be completed and postmarked by **March 15, 2022**. Send all materials to:

## Scholarship Committee

## Kappa Kappa Gamma Foundation of Canada

## PO Box 1273, 2708 Yonge Street

## Toronto, Ontario

## M4N 2H0

**IMPORTANT NOTE: Most courier companies will not deliver to P.O. Box addresses**

1. It is your responsibility to ensure all relevant information has been provided. Please use the checklist below to ensure that all items are included.

\_\_\_\_\_\_\_ 1. Official transcripts from Masters and PhD programs.

\_\_\_\_\_\_\_ 2. Where text boxes or tables are provided, please expand to fit your requirements.

\_\_\_\_\_\_\_ 3. Three recommendations sealed in envelope or emailed to scholarship@kkgfoundationofcanada.org

1. Application materials will not be returned to the applicant. Please keep a photocopy for your personal records. Applications become the sole property of the Foundation and will be destroyed after the selection of the successful applicant. The winner’s application is deposited into Foundation archives.
2. Evaluations of each application are strictly confidential and will not be shared.
3. **Only the successful candidate will be contacted by the Foundation**. This will occur in June 2022.

### PLEASE TYPE OR PRINT IN INK

1. Name in Full

SURNAME GIVEN NAME(S)

1. Mailing Address

STREET CITY PROV CODE

1. Permanent Address

(IF DIFFERENT) STREET CITY PROV CODE

1. Telephone Number

AREA CODE NUMBER

1. Email address
2. Date of Birth

DD/MM/YYYY

1. Country of Citizenship
2. Proposed field of study

FULL-TIME 🞎 PART-TIME 🞎

Date of program commencement

and completion

 University

1. In 250 words or less, please tell us about yourself (eg. strengths, weaknesses, outstanding characteristics).
2. In 250 words or less, please outline your study topic and objectives, the project you are undertaking and the projected application of your research topic or project plan.
3. In 200 words or less, please outline your research and professional goals upon completion of your PhD.
4. List all Post Secondary Institutions attended.

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| --- | --- | --- | --- |
| Institution | Location | Dates Attended | Degree |
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1. Attach your Masters and PhD transcripts. Transcripts must be provided either physically in a sealed envelope or may be accessed by Kappa Kappa Gamma Foundation of Canada via the school’s electronic portal where available.

1. Please list any previous awards or scholarships that you have received.
2. List conference presentations, publications (books, articles, etc.), performances, commissions, etc
3. Employment History.

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| --- | --- | --- | --- |
| Organization/Location | Position/Title | Dates | Supervisor |
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1. List any clubs, organizations, women’s fraternities or sororities to which you have belonged or currently belong.

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| --- | --- | --- |
| Club/Organization | Position Held | Dates |
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1. Please explain your community involvement, within the university and in the outside community.
2. You are required to provide three letters of reference. Two references must be from professors or work supervisors (work may be paid or volunteer) and the third reference may be personal from an associate or colleague. The letters must be enclosed in sealed envelopes and submitted with your application OR sent directly to scholarship@kkgfoundationofcanada.org by the person giving the reference. Please ask that they include **your name and their name in the title of the document**. (i.e. JaneDoeJohnSmith.pdf)

|  |  |  |
| --- | --- | --- |
| Name of Reference/Title | Address | Email Address |
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1. Declaration

I have read the information that governs the Scholarship Award and make application upon the conditions stated. In addition, I authorize the release to the Selection Committee of any information held or to be held by university officials and others, including but not limited to personal evaluations and transcripts. I understand that this material may be kept confidential both from me and the public, and waive any right of access, now or in future that I might have by law. I further authorize the Kappa Kappa Gamma Foundation of Canada to use portions of my application for publicity purposes in the event that I am the successful applicant.

 Signature Witness

 Home Telephone Home Address

The Kappa Kappa Gamma Foundation of Canada recognizes the importance of keeping all personal information confidential and employs safeguards to comply with all federal and provincial laws governing privacy and the guidelines of the Privacy Commissioner of Canada.

The Foundation limits its collection of personal information to that which is necessary for purposes identified by the Foundation.  The Foundation will not provide an individual's names, addresses and other personal information submitted to the Foundation to other individuals, other corporations or organizations at any time for any reason except with the consent of the individual or as required by law.

For further information please write to: Scholarship@kkgfoundationofcanada.org

Charitable Registration Number 892680562 R0001