

## **Queen Elizabeth II Aiming for the Top Scholarship**Application for Basic Merit Amount

## **Use of This Application and Application Deadline Date**

In order to be considered for a Queen Elizabeth II Aiming for the Top Scholarship: (1) you must apply to a provincially funded Ontario university through the Ontario Universities Application Centre, apply to a college of applied arts and technology (CAAT) through the Ontario College Application Services, or apply to another Ontario postsecondary institution that is approved for the purposes of this scholarship program; and (2) you must ensure that the financial aid office at the postsecondary institution you plan to attend receives this Application for Basic Merit Amount by June 18, 2004. To determine if the institution you plan to attend has been approved for the purposes of this scholarship, go to the OSAP website, at http://osap.gov.on.ca, and use the School Search function. For details on this scholarship, go to the OSAP website, at http://osap.gov.on.ca, or refer to the Queen Elizabeth II Aiming for the Top Scholarship publication.

for the 1	top scholarship publication.		
Personal and Residency Information  100 Social Insurance Number			
110	Last name		
115	First name		
034	Permanent Ontario address (street, rural route, or post office box)  035 Apartment		
036	City, town, or post office 037 Province		
038	Postal code 039 Area code and telephone number 150 In which language do you wish		
	to receive correspondence?  1. English 2. French		
160			
1. Male 2. Female 1. Canadian citizen			
Do you have a permanent disability?  2. Permanent resident  1. Yes 2. No  3. Other – You are not eligible for this scholarship.			
Check the ONE statement that best describes your current residency situation:			
300	a) You have always resided in Ontario, or b) Ontario is the last province you resided in for b) Ontario is the last province you resided in for b) Ontario is the last province your partner resided in		
	12 consecutive months without being a full-time for 12 consecutive months without being a full-time postsecondary student.		
320	Ontario is the last province your parent(s), step-parent,  330 You now reside in Ontario, but none of the above statements		
	legal guardian, or offical sponsor(s) has resided in for applies to you. – You are not eligible for this scholarship.  12 consecutive months.		
Information on 2004–2005 Study Period			
500	What is the name of the postsecondary institution you plan to attend (e.g., Georgian College)?		
515	What is the name of your program (e.g., Business Accounting, Chemical Engineering)?		
520	What are the starting and ending dates of your 2004–2005 study period?  What percentage of a full course load will you be taking?		
	MONTH YEAR MONTH YEAR load will you be taking?		

Information on 2004–2005 Study Period (continued)			
1. Yes – If "Yes", complete item 792. 2. No – If "No", you are not eligible for this scholarship.  1. What is the name of the high school?			
793 If you submitted an entrance application to the Ontario Universities' A	Application Centre (OUAC), enter your OUAC Reference Number.		
2 0 0 4 - 1 1 - 1 1- 1			
794 If you submitted an entrance application to the Ontario College Applic	eation Services (OCAS), enter your OCAS Application Number.		
$[0_{  }4_{  -     -                            $			
Consents, Declarations, and Signature of Applicant			
Collection and Use of Personal Information  The Queen Elizabeth II Aiming for the Top Scholarships are awarded to students who have for students who maintain top marks while in approved postsecondary studies. Your percommunications related to your application and scholarship and any renewal of your si used by the Ministry of Training, Colleges and Universities to administer the Queen uses your personal information in respect of your application and the scholarship to content the program. The ministry may use contractors or auditors for any of these activities. Where authorized by the ministry, its agents who administer OSAP and the Queen Eliza your personal information to administer the Queen Elizabeth II Aiming for the Top Sch	rsonal information provided on this application form and in all other cholarship ("the scholarship), including your Social Insurance Number, Elizabeth II Aiming for the Top Scholarship Program. The ministry also onduct policy analysis, evaluation and research related to all aspects of Under agreement with the ministry, your postsecondary institution and, beth II Aiming for the Top Scholarship Program and its auditors use		
Administration includes: determining your eligibility for the scholarship; verifying your of determinations relating to the scholarship; maintaining and auditing your file; collebelow; and monitoring and auditing your postsecondary institution or its authorized a	r application and the scholarship; considering any applications for review octing overpayments and repayments; enforcing the legislation set out		
The ministry administers the Queen Elizabeth II Aiming for the Top Scholarship Progra <i>Act</i> , R.S.O. 1990, c.M.19, as amended, and the <i>Financial Administration Act</i> , R.S.O. 199 use of this information, contact the Director, Student Support Branch, Ministry of Train	m under the authority of the <i>Ministry of Training, Colleges and Universities</i> 0, c.F.12, as amended. If you have any questions about the collection or		
Applicant's Consent to the Indirect Collection and Disclosure of Personal Information  • I agree that the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration of the Queen Elizabeth II Aiming for the Top Scholarship Program with my postsecondary institution and its auditors and authorized financial administration agents, the Ontario Universities Application Centre (OUAC) or the OCAS Application Services Inc. (OCAS) and the ministry's contractors and auditors. I also agree that my high school may disclose my high school marks or grades to OCAS or OUAC to be used to determine my eligibility for the scholarship.  • I agree that the fact that I won a scholarship along with my name, city and high school will be disclosed to my school board and may be published in newspapers or otherwise publicized in recognition of outstanding achievement.			
<ul> <li>Applicant's Declaration</li> <li>I have given complete and true information on this form and I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit and verification purposes.</li> <li>I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by my financial aid office or the ministry.</li> <li>I understand that information I provide will be verified and audited.</li> </ul>			
I have read and understood this section, and my signature attests to my consent to the indirect collection and disclosure of my personal information, and that my declaration is complete and true.			
725 Signature of Applicant SIGN IN BLACK INK	DAY MONTH YEAR		
X			
Office Use Only  Ogo Institution Code  545 Course load  530 Year entering	001 Cost code		
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090 Date received DAY MONTH YEAR			
Name Signature	Date		
PLEASE PRINT	1		