

Applicant Information

First Name: _____

Last Name: _____

Prefix: _____

Permanent Address: _____

City: _____

Province / State: _____

Postal Code / Zip Code: _____

Country: _____

Telephone: _____

Email: _____

* How did you hear about this scholarship program?

- Email
 Employer
 Facebook
 Family or Friend
 Internet
 Magazine
 Online ad
 School or Teacher
 Twitter
 Other

* Have you ever been a recipient of this award?

- Yes
 No

* If so, please indicate the date(s) (yyyy-mm-dd)

Scholastic History

Please list the educational institutions attended during the last two academic years.

Name of School	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Country	Grade Completed



Post-Secondary Data

List the name of the educational institution you plan to attend during the upcoming academic year.

Institution Name	Campus	Start Date (yyyy-mm-dd)
Length of Program (years)	Proposed Field of Study	Degree or Diploma Sought
Institution Name	Campus	Start Date (yyyy-mm-dd)
Length of Program (years)	Proposed Field of Study	Degree or Diploma Sought
Institution Name	Campus	Start Date (yyyy-mm-dd)
Length of Program (years)	Proposed Field of Study	Degree or Diploma Sought

Additional Information

I am a Canadian citizen or permanent resident: Yes No

I have graduated from the Bill Woodward School: Yes No

Graduation year: _____



Authorization for the Distribution of Personal Information

In compliance with Privacy Law, information about your application will not be released to anyone who has not been specifically authorized by you, the applicant. Third parties (parents, guardians, etc.) may contact Universities Canada on your behalf, in person, by phone, or by email, to receive information about your application but only if you have authorized them on your account.

To add an individual to your file, please provide the names of family members or legal guardians to whom Universities Canada may release your personal information. Please also provide a verbal password for their use when contacting Universities Canada. Information about your file will be only be given to those individuals who appear on your list and can provide this password. It is your responsibility to ensure the parties named below are aware of the password you have provided Universities Canada.

Note: You are not required to provide access to your file and may change the information at any time.

First Name: _____

Last Name: _____

Password: _____

First Name: _____

Last Name: _____

Password: _____

Applicant Consent & Declaration

Nexen has contracted with Universities Canada for the administration of their scholarship program. This administration role includes the application process, the evaluation and selection process, the processing of recipients' files and the administering of payments for the scholarship on behalf of Nexen. The purpose of this statement is to set out Universities Canada's commitment to the protection of personal information collected, used, disclosed or retained in performing this function. The Universities Canada will comply with the requirements of the Canadian Personal Information Protection and Electronic Documents Act (PIPEDA) for the collection, use, disclosure and retention of personal information provided by you in the course of your scholarship application.

The Universities Canada has appointed a Privacy Officer with overall responsibility for Universities Canada privacy compliance. Should you have any questions, concerns or complaints regarding the privacy of your personal information please contact the Privacy Officer by calling (613) 563-1236 or by writing to: Privacy Officer at 1710-350 Albert Street, Ottawa, ON K1R 1B1.

Please find below a summary of the Universities Canada's privacy policies concerning the collection, use, disclosure and retention of the personal information you will be submitting in this application. Please read the information below carefully as by submitting your application you are consenting to the collection, use, disclosure and retention of your personal information as summarized below. A full version of the Universities Canada Privacy Code which outlines the Universities Canada's complete personal information management practices, policies and procedures is available on line at www.aucc.ca or by requesting a copy from the Universities Canada Privacy Officer.

PURPOSE OF COLLECTION, USE, DISCLOSURE AND RETENTION OF PERSONAL INFORMATION

Your personal information is being collected on behalf of Nexen for the purposes of processing and evaluating scholarship applications, selecting and processing scholarship recipients and administering scholarship payments once awarded. Your personal information will be collected from you and may also be collected from references, secondary and postsecondary educational institutions, government, community or other sources based on the information provided by you in this application. This process will include the release of any or all of your personal information to Nexen and Selection Committee members as well as any other third parties where such release is necessary for verification, scholarship evaluation, selection, administration purposes as well as internal Universities Canada system administration purposes. Your personal information may be used in the future for the purposes



of contacting you and by Universities Canada in evaluating outcomes associated with the scholarship program. There will be no other uses or disclosures of your personal information by the Universities Canada unless required or authorized by law or unless you are contacted and your permission is requested. The personal information being collected in the application is limited to only that information which is necessary for the full consideration of your scholarship application and the purposes noted herein.

PROMOTION PURPOSES FOR RECIPIENTS

Nexen may from time to time wish to announce scholarship winners, their current educational institution, the university or college where they intend to study and the course of study funded by the scholarship, as well as the amount of the scholarship, or to use or disclose recipient information for promotional purposes. Nexen shall be responsible for obtaining the consent of recipients for such purposes.

ACCESS TO AND ACCURACY OF YOUR PERSONAL INFORMATION

Upon request to the Universities Canada Privacy Officer, you will be given access to your personal information held by the Universities Canada. The Universities Canada will, on request, correct inaccuracies in your information. Please be advised that inaccuracies must be brought to the attention of the Universities Canada prior to the selection of a scholarship recipient[s] in order for us to record and bring the correction to the attention of the Selection Committee.

RETENTION OF PERSONAL INFORMATION

The Universities Canada and Nexen will securely retain personal information about applicants for the purposes of verifying applications, completing the assessment and evaluation, selecting a recipient, administering scholarship payments, and addressing any concerns regarding scholarship awards. Furthermore, the Universities Canada and Nexen will retain certain personal information collected throughout the application process for the purposes of contacting you in the future, for assessing the efficacy of the scholarship and for undertaking aggregate analysis with regards to Universities Canada programs. This personal information may be kept indefinitely. The Universities Canada will retain a permanent listing of the names and internal identification numbers of the recipients of the scholarship program in any given year. The Universities Canada requires that Nexen comply with the Universities Canada Privacy Policy as outlined herein or follows a policy with comparable privacy standards.

CONSENT

You may refuse to provide personal information to us. You may also withdraw your consent at any time, subject to legal or contractual restrictions and reasonable notice. However, in either case, this may limit your scholarship eligibility and our ability to administer the scholarship payments. By completing and signing [submitting] this application you are consenting to the collection, use, disclosure and retention of your personal information for the above stated purposes.

I have read and agree with the above consent. I have also read the scholarship guidelines and understand the eligibility requirements for this program. I certify that all information provided in this application form and attached documents are true and accurate to the best of my knowledge. I understand that acceptance of this application or receipt of any scholarship/award issued to me may be revoked without notice if any information in this application is subsequently found to be false.

Print Name: _____

Signature of Applicant: _____ Date: _____

Contact Us

**Scholarship
Partners Canada.**
**Partenaires en bourses
d'études Canada.**

Scholarship Partners Canada
Ref: Nexen Scholarship – Bill Woodward School
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Ottawa ON K1R 1B1

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E-mail: awards@univcan.ca