

Vector Scholarship in Artificial Intelligence (2025-26) Nominee Self-Identification Questionnaire

The Vector Institute is administering this questionnaire to meet its equity, diversity and inclusion objectives through measurement, analysis and planning. We will keep all personal information we collect confidential and not share it broadly within the Vector Institute and will ensure that our reports to funding agencies and other third-parties contain only aggregate information – i.e., information that is unlikely, alone or in combination with other accessible information, to lead to the identification of any individual.

Your responses will not be visible to committee members, and will not affect the adjudication of the scholarship except for in the event of a tie-breaking scenario, in which Vector staff will decide to prioritize nominees identifying from under-represented groups.

All nominees are required to complete all questions of the questionnaire, which will be submitted to Vector by programs alongside nomination forms.

You are free to select "I prefer not to answer" for any or all questions if you do not want us to use your information as described above. Any questions about this self-identification questionnaire may be directed to aimasters@vectorinstitute.ai. Data will be collected and stored in accordance with Vector's privacy policies found at vectorinstitute.ai/policies/privacy.

First Name:

Preferred Name (if applicable):

Last Name:

1. Year of birth:
 - I prefer not to answer

2. Gender Identity:
 - a. Female
 - b. Male
 - c. Non-Binary
 - d. Gender-fluid
 - e. Trans man
 - f. Trans woman
 - g. Two-Spirit
 - h. I prefer not to answer

3. Do you identify as Indigenous, that is, First Nations (North American Indian), Métis, Inuk (Inuit) or another Indigenous identity?
 - a. Yes
 - b. No
 - c. I prefer not to answer

4. If you answered "Yes" to #3, select the group(s) that you identify with.
 - a. First Nations
 - b. Inuit
 - c. Metis
 - d. Other Indigenous Identity

5. Do you identify as a **visible minority in Canada**?
 - a. Yes
 - b. No
 - c. I prefer not to answer

6. Please select the population groups you identify with.
*If you answered "Yes" to Question #3, please select "Population group not listed above and specify".
You may also select any other population group in the following list that applies to you.*
- a. Arab
 - b. Black
 - c. Chinese
 - d. Filipino
 - e. Japanese
 - f. Korean
 - g. Latin American
 - h. South Asian (e.g., Pakistani, Sri Lankan, etc.)
 - i. Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)
 - j. West Asian (e.g., Iranian, Afghan, etc.)
 - k. White
 - l. Population group not listed above.
 - m. I prefer not to answer.
7. If you selected Population Group not listed above, please specify here:
8. Do you identify as a person with a disability?
- a. Yes
 - b. No
 - c. I prefer not to answer
9. If you selected Yes to Question #8, please select the type(s) of disabilities that apply to you.
- a. Developmental
 - b. Hearing
 - c. Learning
 - d. Mental health-related
 - e. Physical
 - f. Seeing
 - g. Not listed above
 - h. I prefer not to answer
10. If you selected "Not listed above" to question 9, please specify here: