



RESEARCH GRANT
Girardin-Vaillancourt Program
DOCTORAL LEVEL

Environment and Society \$15,000 grant
\$25,000 grant **Cooperation** \$10,000 grant

PERSONAL INFORMATION

1. Family Name **Given name (commonly used)** **Other given name(s)**

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2. Permanent Address **3. Telephone**

No	Street	Province	Postal Code	Tel.
City				

4. E-mail **5. Date of Birth** **6. Gender** **7. Citizenship**

	Optional	<input type="checkbox"/> F	<input type="checkbox"/> M	
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(1) Permanent residents must include the relevant documents listed in the eligibility criteria with their applications

Permanent resident (1)
Country of origin _____

EDUCATION

8. City and region where you went to high school _____

9. General studies

9.1 University

Institution	Field	Diploma	Year
Undergraduate			
Graduate (Master's)			
Graduate (Doctorate)			
Other			

9.2 Title of Your Master's Thesis _____
Research Director _____

10. Future studies

10.1 University or Faculty or School _____
10.2 Department _____
10.3 Program of Study _____
10.4 Field of Interest _____
10.5 Number of Credits in Program _____ Credits Obtained to Date _____
10.6 Expected Date of Graduation _____
10.7 Title of Your Doctoral Thesis _____

Research Director _____

Name and address of your Desjardins caisse (for bursary payment purposes only)

If you are not a member of a Desjardins caisse, indicate the caisse closest to you:

Submit five copies, between December 15 and April 1

11. Previously Received Bursaries

Year	From (Organization)	Amount

12. Other Bursaries Applied for This Year (if applicable)

Year	From (Organization)	Amount

Please restrict answers to this space

13. Work Experience

Position	Employer	Start Date	End Date

14. Other Experiences - Brief description (Extra-curricular and social activities, publications, other)

15. Describe your research project in terms of the following items:

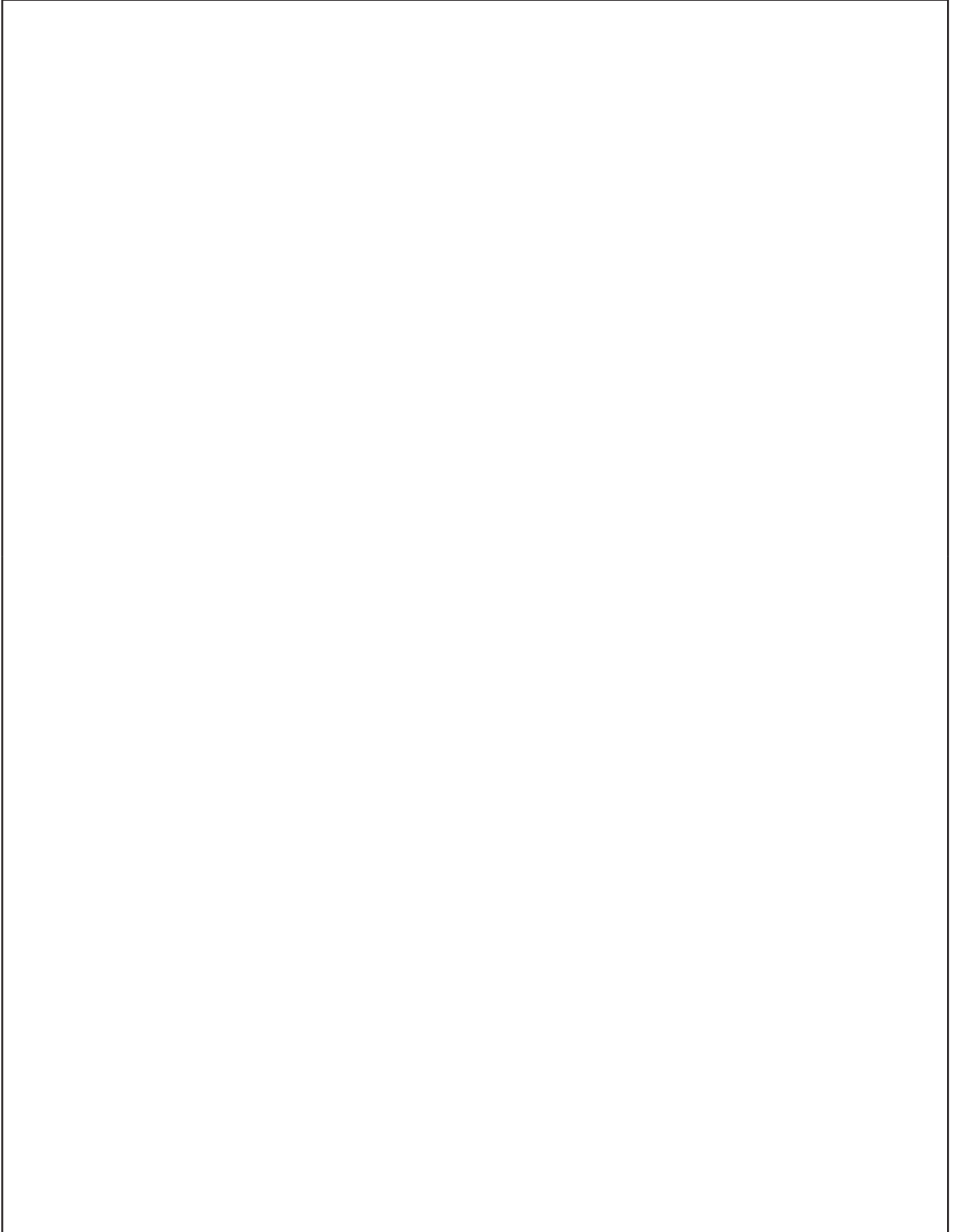
- A. Objectives
- B. Issues
- C. Theoretical background
- D. Methodology
- E. Time frame

Confine answer to a maximum of 4 double-sided pages.

16. Add a brief bibliography relating to the project. *Confine answer to the following space.*

Submit five copies, between December 15 and April 1

17. Explain the scientific relevance of your research. *Confine answer to the following space.*

A large, empty rectangular box with a thin black border, intended for the applicant to write their response to question 17. The box occupies most of the page below the question text.

Submit five copies, between December 15 and April 1

17.1 Explain the social significance of your research on Quebec society. *Confine answer to the space that follows.*

I hereby certify that the above statements are true.

_____ Date

_____ Signature

Name and address of your caisse or the caisse closest to you:
(to facilitate transmission only)

I am a member

I am not a member

Transit number

Transit number

Deadline: April 1 (Postmark constitutes proof of mailing)

Return 5 copies of application to:

FONDATION DESJARDINS

1, Complexe Desjardins – C.P. 7, Succursale Desjardins – Montréal, QC – H5B 1B2

Tel. 514-281-7171 – Toll free 1-800-443-8611 – Fax 514-281-2391

E-mail: fondation.desjardins@desjardins.com



EVALUATION SHEET

To be filled out by the applicant prior to forwarding to evaluator.

Applicant's family name	Given name (commonly used)	Other given name(s)

Permanent Address		Telephone
No.	Street	Tel. or
City	Province	
	Postal Code	
E-mail:		

Summary of research project or description of courses, internships or essays
(for evaluator review)



R G
April 1

Reserved for Administration

TO BE FILLED OUT BY EVALUATOR
Complete form and forward to applicant in a sealed envelope.
Fondation Desjardins
Tel.: 514-281-7171 – 1-800-443-8611 Fax: 514-281-2391
fondation.desjardins@desjardins.com

Please note that applicant may consult this report upon request.

Name of applicant _____ Doctorate

	Exceptional Top 2%	Exceptional Next 8%	Above average Next 20%	Average Next 20%	Below average Next 50%
A. Skills and knowledge					
B. Originality, creativity					
C. Aptitude for research					
D. Attendance at work					
E. Judgment					
F. Overall intellectual ability					
G. Project's chances of success					

If you cannot evaluate a particular item, please write N/A

How long have you known the applicant?

Judging by your experience, how would you rate this student out of a group of 100 other students in the same field?

Please justify your evaluation – Comments:

Name of Evaluator: _____ Position _____

Institution _____ Date _____ Signature _____

It is the applicant's responsibility to include the sealed envelope containing the duly-completed evaluation with the application form.



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