

BACHELOR'S DEGREE BURSARIES

Girardin-Vaillancourt Program

PERSONAL INFORMATION

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

2. Permanent Address		Telephone
No.	Street	Tel. () Cell ()
City	Province	
	Postal Code	

3. School Address		Telephone
No.	Street	Tel. () Cell ()
City	Province	
	Postal Code	

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

8. Permanent code	Permanent resident <input type="checkbox"/> Country of origin _____
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EDUCATION

9. City and region where you went to high school: _____

10. Previous Studies (add a page as needed)

9.1. College/CÉGEP and/or University	Field	Diploma	Year
Other			

11. Future or Current Studies

11.1. University or Faculty or School _____

11.2. Department* _____

11.3. Program of Study* _____

11.4. Field of Interest _____

11.5. Number of Credits in Program _____ Credits Obtained to Date _____

11.6. Expected Date of Graduation _____

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

TRANSIT NO.

(5 digits)

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

* Students in ACTUARIAL SCIENCE should refer to the Special Bursaries. The form is online, at your school, or directly from Fondation Desjardins (1-800-443-8611 or fondation.desjardins@desjardins.com).

Submit two copies: 1 original and 1 copy or 2 photocopies, between December 15 and March 1 (latest)

13. Candidate's financial and family situation

You need to access the www.afe.gouv.qc.ca website and fill out a student financial aid simulator using your data. You will need to print the simulator results and attach it to this application form, as the information will need to be confirmed before you can receive the bursary.

If you currently have a loan or a bursary from Aide Financière aux Études (AFE) please attach the Guarantee Certificate.

- 13.1 Are you considered independent by the AFE*: YES NO
- 13.2 Do you live 300 km (one way) from your university: YES NO
- 13.3 Do you have any dependent children: YES NO
If so, how many: _____
- 13.4 If you are living with your parents or a parent, do you have more than 3 brothers and sisters? YES NO
- 13.5 In all, how much have you received in AFE loans to date? \$ _____
- 13.6 Are you receiving any government or academic excellence scholarships? (other than AFE loans or bursaries)

From (Names)	Year of receipt	Amount

SOCIAL INVOLVEMENT

14. Social involvement and other extra-curricular activities in the past two years

(If you are prevented from being active in this respect for a particular reason, please explain on a separate page)

14.1. Work Experience

Position	Hours per week, During the school year	Hours per week, During the summer

14.2. Other career-oriented preparatory activities (including unpaid internships)

Activities	Duration

14.3. Extra-curricular social activities at school (last 2 years only)

Activities	Responsibilities	Duration	Number of hours per week	Remunerated
				yes <input type="checkbox"/> no <input type="checkbox"/>
				yes <input type="checkbox"/> no <input type="checkbox"/>
				yes <input type="checkbox"/> no <input type="checkbox"/>

(* already have a Bachelor's degree or 2 years' work experience)

Submit two copies: 1 original and 1 copy or 2 photocopies, between December 15 and March 1 (latest)

14.4 Extra-curricular social activities outside school (last 2 years only)

Activities	Responsibilities	Duration	Number of hours per week	Remunerated
				yes <input type="checkbox"/> no <input type="checkbox"/>
				yes <input type="checkbox"/> no <input type="checkbox"/>
				yes <input type="checkbox"/> no <input type="checkbox"/>

14.5. Sports and cultural activities (last 2 years only)

Activities	Responsibilities	Duration	Number of hours per week	Remunerated
				yes <input type="checkbox"/> no <input type="checkbox"/>
				yes <input type="checkbox"/> no <input type="checkbox"/>
				yes <input type="checkbox"/> no <input type="checkbox"/>

15. Briefly describe your financial situation and your aid requirements:

- | | |
|----------------------|------------------------------|
| Family problems | Don't want to go into debt |
| Health problems | Ineligible for financial aid |
| Going back to school | Disability |
| Other | |

If necessary, describe your problem situation and what you are doing to solve it.

I declare that the information provided herein is correct and I authorize Fondation Desjardins to gather all necessary information for the purpose of studying my file, including personal nominative information.

Date

Signature