



N°

Administration
Use only

**Academic Bursaries for Employees of
Desjardins Group
Girardin-Vaillancourt Program**

Three \$2 500 bursaries for students at the bachelor's level and two \$3 500 bursaries for students at the Master's or Doctorate level

PERSONAL INFORMATION

1. Family Name Given Name (Commonly Used) Other Given Name(s)

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2. Permanent Address 3. Telephone

No Street	Phone
City Province Postal Code	or

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

	<i>Optional</i>	<i>F</i>	<i>M</i>	
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8. Name of Employer _____

Transit No.

EDUCATION

9. GENERAL STUDIES

9.1. High School	Institution	Field	Diploma	Year

9.2. CEGEP (Jr. College/Prep)	Institution	Field	Diploma	Year

9.3. University	Institution	Field	Diploma	Year
Undergraduate				
Graduate (Master's)				
Graduate (PhD)				
Others				

10. PLANNED STUDIES

10.1. Degree sought Bachelor Certificate Master PhD

10.2. University or Faculty or School _____

10.3. Department _____

10.4. Program of Study _____

10.5. Field of Interest _____

10.6. Student Category Full Time Part Time

10.7. Expected Date of Graduation _____

Academic Bursaries for Employees of Desjardins Group

Return in triplicate between February 15 and April 15 (deadline)

11. Work experience to date *Please confine answer to this space*
(Specify the nature of your activities)

Function	Employer	Start Date	End Date

- 11.1 Current employment status Regular - Full-time Regular - Part-time

12. Other experiences *Brief description*
(Extra-curricular, social or other activities, publications, etc.)

Academic Bursaries for Employees of Desjardins Group

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13. Discuss your study plans *Please confine answer to this space*
For certificate, specify overall plans

14. Justify your plans in terms of your *Please confine answer to this space*
experience, your previous studies and
your plans for the future

Academic Bursaries for Employees of Desjardins Group

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15. Other subsidies applied for this year, if applicable

Year	Organization	Amount

16. Specify amount of financial assistance you receive from your employer

17. List expenses not covered by your employer
(E.g.:child care, transportation costs, unpaid leave, etc.)

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

Return form in triplicate to:

Deadline : April 15

Postmark constitutes proof of mailing

FONDATION DESJARDINS

1, Complexe Desjardins - C.P. 7, Succursale Desjardins - Montréal, Qc - H5B 1B2

Tél. (514) 281-7171 - Sans frais 1 800 443-8611 - Fax (514) 281-2391

E-Mail : Fondation.Desjardins@CCEPDQ.Desjardins.com



Fondation Desjardins

**Academic Bursaries for Employees of
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EVALUATION SHEET

To be filled out by the candidate prior to forwarding to the evaluator

Candidate's family name		Given Name (commonly used)	Other given name(s)
Permanent Address			Telephone
No	Street		or
City	Province Postal Code		
E-Mail:			

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

It is your responsibility to ensure that the evaluator has forwarded this document to Fondation Desjardins.



For administration use only

ABEDG
15 avril

TO BE FILLED OUT BY EVALUATOR
 Complete form and forward in triplicate to
 Fondation Desjardins
 C.P. 7, Succursale Desjardins - Montréal, Québec - H5B 1B2
 Tél. (514) 281-7171 - 1 800 443-8611 - Fax (514) 281-2391
 E-Mail : Fondation.Desjardins@CCPEDQ.Desjardins.com
Please note that candidate may consult this report upon request

Name of candidate _____ Certificate Bachelor Master PhD

	Exceptional 1er 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. Judgement					
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 candidate?

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 : _____ Function _____

Institution _____ Date _____ Signature _____